Resisting Hellfire

Selected articles & editorials from FMRAI News and other documents (2013-2018)

An FMRAI Publication

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Foreword

On the occasion of 25th Conference of FMRAI at Patna, we are publishing this book. The book contains a collection of selected articles and editorials from FMRAI News which were published in the period between 2013 and 2018 along with two other documents available with FMRAI (Federation of Medical and Sales Representatives' Associations of India).

This book is conceived as a tool in our hand in the struggle and resistance against the hell of onslaught that has been let loose against the field workers, the working class and the common people of the country. The article titled 'Medicine for masses' and the document titled 'Privatisation & saffronization of Jan Aushadhis' are contributed by JS Majumdar which we thankfully acknowledge and publish with his consent.

'Resisting hellfire' is a humble attempt conceptualized by the Working Committee of FMRAI. It will be of immense pleasure if the collections ignite the minds of the readers.

Santanu Chattopadhyay,
General Secretary,
FMRAI

Kolkata
9th February, 2019

Dedicated in the memory of
D P Dubey

Federation of Medical and Sales Representatives' Associations of India (FMRAI)

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New phase and future movement

The neoliberal stage for the capital, the phase of economic policy beginning in 1990s, has had its serious adverse impact and attacks on the working people. Taking full advantage of the liberalized policy, the corporate went for rapid restructuring drive for super profits. This restructuring included restructuring of sales promotion.

Sales promotion restructuring also included the restructuring of industrial relation between the management and the field workers. But, for the corporate, the hurdles in restructuring were legal provisions and bilateral industrial relations, which were achieved through years of past struggles and sacrifices of the field workers under FMRAI. Therefore, led by MNCs, the corporate focused restructuring in ending the legal protection and unionization of the field workers.

The issues and problems of the field workers underwent substantial changes. The corporate have been attempting to do away with the existing settlements, agreements, conventions and legal protection. Field workers' jobs sought to be made casual; their service and working conditions sought to be made unilateral. Whole attack of the corporate concentrated on council movement and, thereby, to eliminate FMRAI, initially from the companies and finally from the industries, to achieve a free field for the employers. FMRAI identified these industrial relation related restructuring and restructuring-induced attacks as Three Burning Problems.

To meet the new challenges of this phase, FMRAI evolved the perspective and path of field workers movement in its own Agenda of Action. It built up its own trade union tactics, re-oriented its movemental and organizational arrangement and resorted to innumerable struggles including strike to put up resistance to restructuring. FMRAI-led resistance has stood as a stumbling block in this neo-liberal restructuring process. Because of this resistance, in this phase also, FMRAI has been expanding in number, consolidating in organization and widening its base while the inability to put up resistance in the face of attack, in some occasions and locations, is being proved to be expensive as such bases of the workers are contacting. FMRAI developed its own trade union tactics and tasks as Road Maps. Through annual review, and accordingly, the Road Maps are updated / changed. Current trade union tactics of FMRAI centered round the three areas of movements - all inter related and interdependent - policy related movements, council and council-related movements and state-related movements.

The policy-related movements are centered round the demands to the union labour ministry concerning service and working conditions of sales promotion employees; and to the chemical & fertilizers ministry concerning drug pricing, pharma corporate corruption and related issues. The council and council-related movements centered round OSG movement, Council Movement and Sectional Movement. The State-Related movements centered round enforcement of the several provisions of labour laws, including SPE Act.

World economic crisis, beginning by end of 2007, together with governments' austerity measures in industrialized countries consequently resulted in recession and market contraction. The MNCs of these industrialized nations are in search of new markets . The issues and problems of the field workers have aggravated further as the central government decided to accommodate and indulge these MNCs through massive push of economic restructuring. This reform includes liberal infusion of FDI in pharmaceuticals for automatic 100%, massive re-entry of MNCs, privatization drive of financial sector (including banks, insurance and pension fund), massive disinvestment of public sector units, massive reduction in subsidies for welfare measures, curbing rights, including labour rights etc .This new restructuring will have serious combined adverse impact on field workers and the common people. One has to wait to understand the whole gamut of this newer attack which will be unfolded in the days to come.

The manifestations, so far, indicate that the attack on the field workers is concentrating on their legal identity as workers, on their jobs and their right to work. Through this new form of attack, the existence and relevance of the profession are now challenged.

Therefore, the demands for legally amended appointment letters to the field workers in Form A under SPE Act to recognize them as workers; suspension of all sales promotion work till compliance of law ; photo identity cards by state governments after verification of appointment letters in Form A or recognition of such I-cards which were issued by the registered unions of sales promotion employees; unfettered right to work with registered medical practitioners, hospitals and institutions and reduction and control of medicine prices assume prime importance. This attack is combined with massive misleading propaganda holding the field workers responsible for high and spiraling prices of medicines and pharma corporate corruption. It is a cover up exercise of government's adamant refusal of even Supreme Court's direction of cost-based

price control and tax relief of essential and other medicines and refusal to enactment of law to punish pharma corporate for corruption.

Therefore, the demands and movement is oriented against corporate - government nexus against corruption and high and spiraling prices of medicines; and against deliberate policy failures of the government and against the aggression of the corporations. The 23rd conference of FMRAI at Kolkata will further attempt to understand the nature of attack and will decide upon future course of action.

(Editorial, FMRAI News, January 2013)

Oppose attack on profession, job and right to work

Central and Southern divisions of Odisha debarred the entry of 'Medical Representatives' into the medical college and hospital campus and, thereby put an embargo on their right to work in Capital Hospital, Bhubaneswar; SCB Medical College and Hospital, Cuttack and MKCG Medical College and Hospital, Berhampur. The order mentioned that frequent entries of the medical representatives are 'affecting the service delivery of theinstitution' as reason for imposing such embargo. The agitated field workers resorted to protest actions, staged demonstrations before RDC offices at Cuttack and Bhubaneswar; delegations met state labour commissioner and health minister. Surprisingly, the minister informed that the order was issued without his knowledge and Government of Odisha was unaware of it.

The 23rd conference (that coincided with 50 year of inception) of FMRAI at Kolkata predicted attack on right to work and attack on profession. This warning has come true in Odisha: field workers are denied entry in their work-places.

Now there arise two questions. One, whether field workers are entitled to work in the Medical institutions. Two, if the work of the field workers are well-suited to the healthcare delivery or not. Examining these two questions in the light of moral, ethical and legal point of view makes it amply clear that field workers are no outsiders in Medical institutions, they are well entitled to enter there and entitled further to present and detail science-based modern pharmaceutical medicines(as against magic medicines or hocus pocus) and their acts of dissemination of Medical information is well-suited to the interest of the people and supportive of honest service delivery in the healthcare system in the Indian context. But in some instances, when the authorities in the healthcare system, especially in context of falling Governmental budgets, scores of other reasons and vested interests , are either unwilling or unable to deliver the healthcare service to the people, then they search for a whipping boy.

The Medical representatives are entitled by the provisions of Sales Promotion Employees (Conditions of Service) Act, 1976, Drugs And Cosmetic Acts, 1940 and Drugs & Magic Remedies (Objectionable Advertisement) Act, 1954 . Section 15 of the Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954 and Government of India's subsequent GSR No. 843 dated 29.5.1967 has two parts. It says that only 'Medical Detailman', as appointed by manufacturers and others having drug licenses, are authorized for sales promotion , 'confined only to the registered medical

practitioners, hospitals, dispensaries, medical and research institutions, and Chemists and Druggists or pharmacies duly licensed under the provisions of Drugs and Cosmetics Rules'. Therefore, the said order banning the entry of medical representatives in government hospitals is in violations of right to work and is unlawful. Obviously, the vested interests are behind the curtain. It has surfaced that a Kerala based retail chemist chain would open its shops inside the premises of all medical college hospitals in Odisha to sell so called generic medicines and one such has already been inaugurated by the health minister himself who, during his assembly speech, advised the doctors to prescribe medicines only in their generic names. This new-found love for generic is simultaneous with the attacks on brands and attacks on sales promotion. Existing 'brands' enjoy the faith of the physicians in the Indian context and therefore it poses a challenge to the new patented drugs of the MNCs. Attacks on sales promotion can be explained in this larger perspective alone.

The conference adopted resolution against 'Newer Forms of Attack'. The resolution identified that the new attack is two-pronged on the medical representatives and on the medical practitioners.

Senseless introduction of patent regimes attempts to rob the people of access to affordable medicines, rob the doctors of their right to choose their medicines which are effective and economic and robs the field workers of their right to work. Field workers refuse to surrender their right to work. Others too should say no to surrender. Putting up a broad front of resistance is the need of the hour.

(Editorial, FMRAI News, April 2013)

Defend national drug sector, uphold India's sovereignty

Indian drug industry is under attack. US administration is using its Food & Drug Administration (FDA) to create barrier to prevent Indian companies to export cheaper medicines, manufactured in India to USA. The plea taken is that Indian medicines are sub-standard. FDA issued notices to major Indian drug exporters - Ranbaxy, Wockhardt, Cipla, Lupin, Dr. Reddy's and others.

The question is raised why Indian (?) company Ranbaxy accepted guilt of falsifying data as was accused by FDA. On 14 May, 2013, Ranbaxy pleaded guilty to drug safety charges by FDA and agreed to pay $500 million to settle criminal and civil charges against it in USA. It should be noted that number one giant Indian company Ranbaxy, established by Bhai Mohan Singh fighting the drug multinationals, was sold to a small Japanese company Daiichi Sankyo in 2008. Japan is still under USA's military control. It is the Japanese owner Daiichi Sankyo who accepted the charges under US pressure and, now, is trying to recover the amount from its previous owner. It is this Japanese company who stated that Indian drugs were substandard. Instead of defending Indian pharma industry, the corporate media in India ,danced to the tune of the multinationals, and started delivering their expert lectures on drug industry and created an aura as if medicines, manufactured in India, are substandard and some of them even called upon the Drug Control General of India (DCGI) to act. This campaign is actually sourced at industrialized nations. Before introduction of patent regime they called all the medicines manufactured in India as 'counterfeit' medicines. They were used to float a foolish argument, Indian generic medicines 'violate patent' and therefore it is 'counterfeit'. Now they give an impression as if Indian is a hub of substandard drugs.

But, it is disturbing to see that, the Government of India is keeping contemplated silence. It appears that the government has already surrendered the interests of the country and those of the domestic pharmaceutical industry at the feet of the US corporations. Now the back-scratchers have gathered together and they are singing praise of overseas pharmaceutical companies. They sing in borrowed language that is full of filths and rots.In fact, multinationals have no respect for quality. History of pharmaceutical industry worldwide has proved this once again with abundant evidences. Multinationals are only desirous of surviving this worst economic crisis by grabbing Indian market and by sucking out the Indian people. They are more motivated by profit than the cause of the people. For this reason only they want to discredit Indian

pharmaceutical industry and want to replace affordable Indian medicines with terribly expensive 'patent' medicines. The multinationals also want to defend their domestic markets as they are facing strong competition from Indian industry that offers quality and affordability. This venomous campaign is not a symbol of devotion to quality, but an expression of survival instinct of the multinational corporations. We understand the acts of USFDA in this perspective alone.

FMRAI stands for quality medicines which are affordable too. Therefore, FMRAI defends Indian pharmaceutical industry and urge upon government to ensure quality and affordability. Manmohan Singh Government should punish the drug makers if they make substandard drugs. The government should put curb on prices if they are exorbitant. But, any attempt for destruction of the self-reliant drug industry will amount to betrayal to the peoples' interest. Government that fails to understand this truth will face unlimited punishment in the hand of the people.

(Editorial, FMRAI News, June 2013)

DPCO 2013: It's fallout

When people of the country are reeling under high price of essential commodities, the much trumpeted Drug Price Control Order (DPCO), 2013, promulgated by UPA II government six months back, has added further woes in their existing plight. Naturally, the cheerleaders of the industry are happy. They welcomed government's step as noted by the director general of Organisation of Pharmaceutical Producers of India (OPPI), Tapan Ray, saying 'directionally more prudent for the pharma industry on a longer term perspective.' Though the multinational and big pharma companies are publicly expressing their anxiety on the presumed erosion in profitability due to this new pricing policy, yet, they are the happy lot behind the curtain as only to the tune of Rs.1600 crore (2.2 per cent of current pharmaceutical market) is the expected erosion value following implementation of DPCO- 2013 as estimated by IMS Health.

But, why DPCO-2013 could not bring down medicine prices despite tall claims of the government? The new DPCO- 2013, announced by Manmohan Singh government, removed completely earlier cost-based price control and fixed drug prices by the market only of the medicines which are listed in the National List of Essential Drugs (NLEM). The price is fixed just by calculating the average of selling prices in the market of those products which are having more than 1% market share. The job of the National Pharmaceutical Pricing Authority (NPPA) remains only in collecting data of market prices of these medicines and calculating their average. All other medicines, including many essential drugs and patented medicines have no price control at all and the drug companies are free to increase their prices at will. DPCO-2013 is in complete departure from the objective which was set for Drug Prices Control Order following discussion in the Parliament on Hathi Committee report that is to bring all medicines under price control under Essential Commodities Act, it being an essential commodity. Following this, government issued DPCO-1979. The main contents of DPCO -1979 were price fixation on the basis of costs with different category-wise fixed 'mark-ups' (percentage over cost to fix MRP). However the government went on diluting DPCO, 1979 in subsequent DPCOs in 1987 and in 1995 when only Essential Drugs were kept under DPCO. Further the government went on reducing the number of drugs from the List of Essential Drugs (LED). There was lots of criticism as many essential drugs were outside price control and the LED covered only a small portion of essential drugs in the WHO list. A PIL was filed and ultimately the Supreme Court ordered to prepare the list of essential drugs and fix their prices.

After a decade's delay the government prepared the National List of Essential Medicines (NLEM) as distinct departure from LED indicating departure from the basis of earlier DPCOs and left the price fixation to the market that too only of listed essential medicines. That is why there is huge difference between DPCO 1979 and DPCO 2013, objective-wise, as was set in the Parliament and content-wise. Today's Drug Prices Control Order is a misnomer. It is only enlisted Essential Medicines Price (De) Control Order determined by the market. Another element in the high medicine prices is the tax structure. Medicines are one of the highly taxed commodities, next only to petroleum products. Excise duty on a commodity is collected on the production cost. However, in 2005 the central government issued an order that it would collect excise duty on a medicine's maximum retail price (MRP).

The central government claims that it collects a 'low' - only eight per cent -excise duty on medicines! It means the more the drug companies increase the prices of their medicines, the more excise duty the central government gets. Additionally, state governments collect VAT. Further, there is a provision of increasing up to 10% drug prices annually. Companies are increasing prices, both the central and state governments earn huge revenues from medicines and the entire burden is shifted on to the ailing people of India who are compelled to pay for it!

It is in this background, FMRAI calls upon all section of healthcare sector workers, medical practitioners and the common people to intensify agitation and campaign demanding removal of excise duties on medicines restoration of cost-based pricing and imposition of price cap on all medicine in the interest of the ailing people of the country.

(FMRAI News, December 2013)

Double standard in penalty & clinical trials

Two recent news items - one in The Telegraph on 23 December and the other in The Hindu on 26 December - have drawn wide public attention on pharma corporate corruption and on unethical clinical trials. The story of The Telegraphs brought to the fore some examples of unethical marketing where pharma companies paid the medical practitioners lofty amount through cash cards for prescribing company's products. The Telegraph repeatedly stated that this practice of paying for prescription is not illegal, but unethical.

But, the British drug maker Glaxo Smith Kline (GSK) understood from its recent experience in China that this delicate differentiation between legal and unethical is not much of use. In July, 2013, GSK paid $489.92 million to travel agencies to facilitate bribes to doctors to boost the sale of its medicines in China. Since then, four of GSK's senior executives have been arrested by Chinese police. Several more are under house arrest and one British executive is forbidden from leaving the country.

Therefore GSK acted with wisdom and gave a statement that it would stop paying doctors for prescribing its medicines. 'In the past four years, leading members of Big Pharma companies like Glaxo Smith Kline, Pfizer, Johnson & Johnson, Astra Zeneca, Merck, Abbott, Eli Lilly and Allergen have paidabout $13 billion in fines to settle charges of misleading marketing, promising what drugs don't do, bribing doctors to get their drugs prescribed, causing sometimes fatal side-effects, and other crimes' stated a report published on 16th July, 2012 in Times of India. Out of this $13 billion fines paid by the top drug MNCs to US administration; GSK pleaded guilty of the criminal charges and paid $3 billion in fines for unethical promotion of its product, Paxil, which has been termed as a 'biggest healthcare fraud in history'.

In India pharma corporate corruption and policy deficiency of the government are going hand in hand. Corrupt business practices of some big pharmaceutical companies are increasingly coming under public scrutiny. These companies attempts to buy, and in many instances actually buy, the doctors' pens which is mightier than hundreds of advertizing campaign in pharmaceutical business. These companies pay for prescription and they pay the wholesalers and retailers unaccounted discounts and freebies for pushing their products. Through this artificial demands of certain medicines are created. That means some situations are created artificially where such medicines are used. This is different from the virtual medical need or the true requirement of the people in view of prevalence of certain diseases in the country. The unethical marketing and unethical trading are not just moral questions, not the technical

questions of legality, as The Telegraph makes us to believe. It is a question far bigger: weeding out irrational drugs, rational use of medicines and disease control.

But, the government is not taking any action against these companies. Despite consistent demand for framing of statutory code of marketing with stringent punishment clause, the Central Government did not frame any law to prevent corporate corruption in pharmaceutical marketing. Only the Medical Council of India (MCI) in December 2009 had notified a code of ethics penalizing the medical practitioners. But Central government remained silent on the culprit bribe-giver drug corporate. The victims are the ailing people and the the innocent field workers.

FMRAI had brought to light the 'off- label' marketing of Letrozole by Indian drug major Sun Pharma and other companies. The issue was raised in the Parliament. But, the then NDA government issued only a 'warning'! FMRAI, in their petition in 2010 to the Lok Sabha Committee on Petitions, urged to the Committee to hold enquiry on high level and wide-spread pharma corporate corruption in respect of sales promotion and trading and proposed to give concrete evidence by its members. Nothing happened.

The Hindu news on clinical drug trials quoted Union Health Minister Ghulam Nabi Azad saying, "We suffered a serious setback because not many pharmaceutical companies are coming forward for clinical trials now. There has been a 50 percent drop in clinical trials after stringent regulations were put in place," (after Supreme Court's direction). India's health minister is more worried about loss of FDI in clinical trials by drug MNCs. He had no comment to make on 2213 patients dying due to serious adverse events (SAEs) during drug trials between 2007 and 2012. Not a single culprit company was penalized for this.

(Editorial, FMRAI News January 2014)

Resist attack on council rights & gains

FMRAI's Kolkata Conference in 2013 adopted a resolution pointing out the newer forms of attacks in this phase of economic meltdown, which were gradually unfolding, and called upon the field workers to remain vigilant and build movement in new situation in defense of their rights and gains. Indian government, being an overtly-eager recipient of FDI, is encouraging the drug MNCs to come to India mostly through backdoor in acquisition route. The Indian big companies, which are players in international market, are also not lagging behind. In recent past, Torrent Pharmaceutical acquired Elder Pharma outbidding Sanofi Aventis and Sun Pharma out-booting Japanese firm Daiichi Sankiyo from Ranbaxy Laboratories.

These mergers and acquisitions have had their impact on the field workers' job security. Consequently,this attack is now centered on FMRAI's council movement The gains of council movement like recognized forums of FMRAI, periodical wage settlements, grievance committee meetings and on 'no victimization', achieved through years of struggles and sacrifices, are made to vanish overnight. Earlier too this thing happened when Smith Kline Beecham was merged with Glaxo forming GSK in the year 2000. FMRAI was a recognized union in Smith Kline Beecham which signed successive wage settlements and were having regular grievance committee meetings. This, however, was dismantled overnight after merger with Glaxo. At that time it was a company-specific issue. Today, it is the issue across the industries. We are experiencing after-effect of liberalization that has enabled large scale mergers and acquisitions. The fruits of council movement are wrested away in the instances like Wyeth's merger with Pfizer, Solvay's merger with Abbott India, Piramal Healthcare's acquisition by Abbott Healthcare, and with Organon's and Schering-Plough's merger with Merck & Co. Now, Elder is acquired by Torrent and Ranbaxy is acquired by Sun Pharma. In this situation, the field workers have to defend the council movement and its gains. Now, field workers have to build up industry-wise movement by organizing united council network. Large section of field workers, those who are already organized in councils, do not have enough consciousness to understand what is at stake.United platform of council will help them realize the value of rights and gains achieved through years of struggles and sacrifices and this will prevent them from falling prey to the propaganda machine of the management and the media.

Elder management following sell-out of its two divisions to Torrent, has refused, in collusion with Torrent, job to transfer jobs

of 52 leading functionaries of the Union. The objective of Torrent is to isolate the leaders from the general field workers and, thereby, ending existence of union and its council, the collective bargaining rights grievance committee etc. FMRAI refuse to accept such deception. FMRAI takes the same and similar stand in case of acquisition of Ranbaxy by Sun. The media reports state that Sun pharma plans downsizing.In this instance also FMRAI unyieldingly stand by the mass of the field workers. It is in this background, the Secretariat of FMRAI in its Bhubaneswar meeting on 23 May, 2014 decided to launch countrywide campaign and agitation unifying the OSG field workers, from all sub units throughout the country within September to prepare for bigger resistance and for advancing it further. The organized field workers do not shy away from chanting the holy hymns of struggle in this hour of incessant attack.

(Editorial, FMRAI News, June 2014)

Resist dilution of patent law save sovereignty, self-reliance, peoples' interest

Narendra Modi, the prime minister of India, during his recent visit to US, in a seminal departure from the long standing stand of the country and in a gory display of servile surrender to US arm-twisting, agreed to constitute a high-level bilateral working group with US to review India's 'compliance' on intellectual property area. The joint statement issued by both the countries, states'….the leaders committed to establishan annual high-level Intellectual Property Working Group with appropriate decision-making and technical-level meetings as partof the Trade Policy Forum'.

World Trade Organization (WTO) oversees compliance in the matter of intellectual property rights. Did any country, let alone USA, make any complain in that trade forum that India is not complying with the international treaties and norms in the matter of patent copyrights etc.? No. There was no complaint. In fact, India is completely compliant with the WTO on the question of intellectual property.

But, following international treaties under the regulation of an intergovernmental organization is not enough. India must follow norms set by united states of America and comply with the patent laws that is in vogue in US, where anything and everything is patentable and where patent rights supersedes all rights including people's right to essential medicines or their right to live .

So, the purpose of the self-styled 'working group' is obvious. They want to institute inviolable patent-Raj in India too. The most dangerous portion of the joint statement is the 'decision making power' of the 'working group'. That means that the Indian parliament will be asked to have chit chat on trivial issues and the most important matters in relation of peoples healthcare will be decided by the 'working group' composed of US 'experts' and US-trained 'experts'. This is an abject surrender of Modi government that will cause immense harm to this country where crores of people do not access to modern pharmaceutical medicines.

Ever since Supreme Court denied patent right to Glivec of Novartis, Sweden, the clamour for unbridled patent right has increased. When patent of Nexavar (Sorafenib) of Bayer was revoked and Natco, an Indian company, was provided the compulsory license for manufacturing, distributing and selling the same medicine at a price 30 times lesser than that of Bayer, this noise and brouhaha increased further.

In response to this first instance of revocation of patent (after WTO-compliant amendment of Patent Act, 1970) the Bayer CEO, MarijnDekkers stooped very low and stated that the company's

new cancer drug, Nexavar, is not 'for Indians,' but 'for western patients who can afford it'. This bloodthirsty remark of Bayer CEO is not only brutality at its height, but also a sort of 'apartheid' against poorer nations, as someone has aptly called it. Unfortunately, the government of India did not spend a word to decry this remark.

It is at this juncture, the appointment of Arvind Subramanian, an ardent proponent of dilution of Section 3(d) of Patent law, as the Chief Economic Adviser of Modi Government is very disturbing. As recently as March of this year, Arvind Subramanian advised USA to initiate WTO dispute against India if the later did not address the problems created by Section 3(d) of Indian Patent Act is not addressed by Indian government.

Industrialized nations, led by US, want India to allow unbridled patent protection with absolute right to suck out the ailing people of the country. For this they want to pull to pieces with force the independent Indian patent act, 1970. For their patents medicines to take roots Indian soil they want to discredit medicines manufactured in India.

Therefore, simultaneous attacks have been unleashed on Indian drug companies and their export of medicines by creating non-tariff barrier which is backdoor route of arm-twisting.

Earlier, the UPA government allowed US FDA to open its offices in New Delhi and in Mumbai with country director, drug inspectors, technicians and others personnel who could undertake regular inspections in hospitals on clinical trials; drug production units in India; Multinational drug lobby has mounted pressure on the Indian government on drug pricing area too.

Despite the high price of medicines, Central government further diluted the price control mechanism. Through DPCO, 2013, the Central government left the very vital issue of medicine prices in the hands of the uncertain market forces. Further to this, the present government, just before the scheduled visit of Mr. Modi to USA, has cancelled price control order of NPPA(the10th July order)that brought 108 formulations under price caps.

These are examples of betrayal of an elected government against its own people. FMRAI makes its modest attempts to expose this. The country's sovereignty, the country's self-reliance and interests of common people are at stake. Filed workers movement refuses to remain silent and it is promised to resist this to the limit of its strength.

(Editorial, FMRAI News, November 2014)

The illegality about online selling of medicines

Maharashtra Food and Drug Administration (FDA) filed FIR against CEO and other directors of Snapdeal.com for displaying and selling about 45 drugs including Sildenafil Citrate, emergency contraceptive tablets, cough syrups etc. which violates various provisions of drug laws as all these drugs belong to Schedule-H category and are supposed to be sold on doctors' prescriptions only. Besides circumvention of laws, online selling of medicines would have adverse impact on the security and safety of patients, medical practitioners, hospitals, nursing homes, retail chemists and on sales promotion employees. Expressing serious concern on this dangerous trend, FMRAI issued a press statement on 5 May, 2015 . During investigation FDA (Maharashtra) also detected that in last year, more than 20 such online trading companies, without having drug license and without obtaining requisite permission from concerned authorities, had sent such prescription medicines by air couriers for overseas patients.But, the Snap deal development did not deter other online players. Even after Maharashtra FDA crack down on Snap deal, another e-portal named PM Health and Life Care (PMHLC) is reported to have set to launch sometime between July and September this year.

For selling any 'commodity', it requires 'marketing'. Unlike other commodities like apparels, shoes or electronic gadgets, the marketing of medicines cannot be done publicly. The marketing of medicines has to be done amongst doctors only. Consumer gets the medicines when a licensed retailer having registered pharmacist serve the prescription of doctors. The Drugs and Cosmetics Act, 1940 and The Drugs & Magic Remedies (Objectionable Advertisements) Act, 1954 which govern the manufacturing; distribution and marketing of pharmaceutical products indisputably instructs that. Thus, the online sales of medicines are miserable violation of drug laws.

Besides contraventions of drug laws, online selling of prescription drugs creating conditions where the manufacturers offer the substandard, spurious and fake drugs step in. Under the existing law, drug authorities are likely to visit and inspect the Medicine shops. The drug inspectors are assigned to examine the records and documents of purchase of the medicine, check its sources and to oversee the execution of drug laws. This system ensures some kind of check and control which is totally absent in case of online drugs. Further, who is going to take the onus in case of adverse reaction of drugs sold in this online system? Whereas in case of medicines purchased with valid documents (receipt with all details) from chemists' shops, responsibility, in case of any

unintended results, can be fixed. Unlike selling of apparels, shoes or other commodities, purchase of medicines is linked to the question of life and death.

Therefore, the offence committed by Snap deal is a cognizable offence under the provisions of Indian laws and should attract punishment. Under the above background, FMRAI, demanded of the Maharashtra FDA, Drug Controller General of India (DCGI) and State drug control authorities to initiate investigations against other companies engaged in such e-business so as to ensure full compliance of prevalent drug laws.

In this background, we reiterate once again that the central and the state governments should act forthwith and these unlawful online sales of medicines should come to an end, without any further waste of time.

(Editorial, FMRAI News, June 2015)

Resist Government Policies in defense of small savings

The Central government recently announced steep cuts in interest rates on small savings schemes like the Public Provident Fund (PPF), National Savings Certificate (NSC), Post Office savings, the KisanVikas Patra. The interest rate on PPF and savings of senior citizens has been reduced by 0.6 percent, in the case of Post Office deposits, interests have been lowered in the range of 0.6 to 1.3 percent. This reduction in interest rates in small savings will hit the poor and the middle class badly as bulk of their savings are in small deposits.

This sharp interest rate-cut is a severe blow to senior citizens, wherein interest is the primary source of regular income for many senior citizens who have no other source of income. The value of their interest income keeps going down while the cost of living keeps going up. This aim of the rate cut is also to move the common man away from the secured deposit schemes and thereby to indirectly help the foreign mutual funds and insurance companies to get customers. Earlier, a proposal was made in the budget to tax 60 percent of workers' accumulations in the Employees Provident Fund (EPF) at the time of withdrawal which is exempted from the tax net, till now. According to the Government, this is being done to put the savings in NPS and EPF on par. The government attempt was to tax the workers twice, as some section of workers are already paying their income tax. The government is providing all sorts of exemptions and concessions to the corporate but trying to snatch away the lifelong savings of the workers. Due to stiff resistance, it has been withdrawn. Last year, the Government had proposed that the EPF subscribers should be given an option to switch over to National Pension Scheme, a market linked pension scheme and the option was to switch over to medical insurance policies from ESI, but that could not be implemented due to opposition by all central trade unions.

Despite the strong opposition by all the central TUs, the government forced 5 to 15 percent of EPF funds to be invested in the stock market, which was due to consistent persuasion of the present and past Governments. The investment by the Employees Provident Fund Organisation (EPFO) in the stock market has seen a value erosion of over 9.5% between August and February, 2016. An amount of Rs. 5,920 crores was invested through exchange-traded funds (ETFs). Now in this February end, it was estimated at Rs. 5,355 crores as the stock prices.

This is precisely the reason all the trade unions were opposing the investment in stock market. The livelihoods of the poor and the middleclass are constantly attacked. The media has termed the

union budget for the year 2016-17 as "pro-poor" and "pro-farmer". The union budget is further in the direction of intensifying the neoliberal reforms. The revenues from corporate and personal income taxes have been far short of the budget estimate. The people of this country were not given the benefit of global oil prices fall but instead excise duties were raised to meet out the fiscal deficit. The indirect tax proposal to the revenue of Rs 20,670 crores would be adding further burdens on the consumers. There were proposals to raise Rs 56,500 crores through disinvestment in public sector enterprises and to liberalize FDI in insurance, against the interests of the workers.

The purchasing capacity of the people is consistently going down and there were no measures to enhance the domestic demand. This would aggravate inequality and unemployment. The budget announcement of health care expenditure of Rs. 1 lakh per household per year for one-third of the total households in the country, which constitute BPL households of around 8 crores. The insurance cover of providing healthcare support is only to help the private healthcare facilities instead of genuine support to the needy people. The proposal of 100 percent FDI will be allowed through FIPB (Foreign Investment Promotion Board) route in marketing of food products produced and manufactured in India is detrimental to the interests of peasantry. The stand for corporatization of agro-processing and marketing and launching of an e-platform for marketing without declaring remunerative Minimum Support Price would further aggravate the agrarian crisis. The budget is once again a blatant attack on the poor and the oppressed. The attempt is once again to appease the rich. This would further accelerate the problems of unemployment and rising inequality. It is difficult to bring about a change in the economic conditions of the common people with the current neo liberal policies pursued by the Government. That is precisely why the Left and the entire working class of this country are consistently fighting to change the policy direction of the government.

(Editorial, FMRAI News, April 2016)

Chaos and ruckus is no substitute for effective drug control

Through a recent order dated 10th March 2016 , Central Drug Standard Control Organisation (CDSCO ,under ministry of Health & Family Welfare) has banned around 344 fixed dose combinations(FDCs) in one go. The estimated impact on sales turnover may approximately be around Rs 3,000 crores a year (roughly 3% of the total value of domestic Pharma market). This is likely to have adverse effect on MNCs like Pfizer, Abbott, Procter & Gamble, Reckitt Benckiser and Indian big companies like Glenmarck, Cipla, Alkem, and Ipca etc. Banning of all these products (FDC), is likely to reduce profitability of these companies as most of these FDCs are well outside the price control and are extremely profitable. Some small pharma companies, to the extent they follow the big Pharma, may also be affected, through this move.

Drug-makers displeased

The drug industry feels that it has been denied fair treatment. Banning en-block has been 'arbitrary and unfair', they believed. Indian drug manufacturers' association (IDMA) opposed this move. KapilSibal, appearing in the Delhi High court in favour of the drug MNC, Pfizer, argued that the medicine (Corex) is in the Indian market for a period of 20-30 years and passed the test of efficacy and safety and therefore should not have been banned. Abbott spokesperson argued in the same line and claimed that Phensedyl has been 'safely and effectively used for years'

The Kokate committee

The government had formed a panel under Chandra Kant Kokate, an expert in the matter of modern medicine, (who served as the head of the pharmacy council of India and also as the Vice Chancellor of Nagarjuna University) to study over 6,000 combinations (the Kokate Committee was asked to examine the safety and efficacy of these FDCs), of which it listed 963 as irrational. The 344 banned ones are from that list. Kokate told to newsmen that the committee has been 'fair in assessing the merits of the products' and 'did not look at the brands of any drug or their companies' neither did the committee took the decisions 'overnight'.

Well beforehand, through a letter (dated 15 January 2013) addressed to the manufacturers, the Drug Controller General of India (DCGI), cautioned the manufacturers that licences of their FDCs (introduced between September 1988 and October 2012) may

be revoked in absence of submission of reliable safety and efficacy data.

The Kokate committee also allowed a time period of one and half year for the manufacturers to submit their evidence of safety and efficacy of their relevant FDCs. And now, the ban has been executed.

The drug barons reach the court

Pfizer and Abbott received stay on ban of their products (Pfizer's corex and Abbott's Phensedyl) from Delhi high court. Many pharmaceutical companies had approached the Delhi High Court with petition (till now there have been 180 please against the ban) and challenged the governmentorder. When Delhi High Court stayed the ban, the Kerala HighCourt has asked chemists in the state to return the banned drugs to companies within three months. (International Business Times, India Edition, April 1, 2016, By Bismah Malik)The Madras High Court had refused to pass a stay order on the ban. The Madras High Court stated "We respectfully disagree with the view of the single judge of the Delhi High Court and not inclined to pass an all encompassing order. We are of the view that the mere fact of the sale of medicines for the last so many years ipso facto cannot call for the sale to continue when an expert body has gone into this issue," (ibid) But the fact remains that, a ban can neither be justified nor can be quashed mechanically on the ground of legal intricacy. Leena Menghaney, the south Asian head of Medicins sans frontier's Access Campaign, has correctly stated that "the Indian judiciary should be cautious in interim injunctions as it could undo years of technical work that a number of expert committees did, despite the pressure from the industry" (EThealthworld.com, dated, 19 March 2016,). What will be impact of this decision (of banning) on the people? What will be impact on the pharmaceutical industry? Does this decision serve the interest of the people? Does it serve the MNCs? We are intrigued with many such questions.

Chemists are in trouble and the people confused

Someone purchased a cough syrup from a nearby pharmacy. After the ban, he was scared as the cough syrup features in the list of banned medicines. After the stay order discomfort is further multiplied and the consumer is confused. Should he return the medicine or he will put a stay on his decision?

Some chemists and druggist are busy sorting out the banned combination brands. There is shortage of time and hands. Some of the local chemists and druggist associations have printed the list of banned FDCs and distributed it among their members. When someone asks the chemist if he or she will continue or discontinue the medicine, the chemist refers the matter to the doctors. Who

will inform a doctor? A recent survey revealed 60% of the doctors supported the ban while 40% felt that the recent ban is unnecessary (Express News Service, 18th March 2016). Following the recent ban many well-intentioned doctors are searching for the list of banned medicines and desirous of learning the reason of such ban. Who will inform a doctor? Who will satisfy the enquiry of his patients? Chaos and ruckus seems to have been a substitute for effective drug control in India.

The Chaos exists

The voluminous Government notification does not offer an answer. If someone stops consuming a certain FDC, what medicines should he or she will take as an alternative? Consumers are not advised by the government. or its competent department in other countries, such drug regulatory authorities feed the population with adequate information. They inform the doctors too. In our country regulators are silent.

Regulators' silence is Industry's license

Irrational FDCs are invention of the Pharmaceutical industry operating in India. With intention to evade price control and for accruing high profitability MNCs and the big Indian Pharma companies has invented FDCs. There are many instances where FDC are devised not for medical reason but for earning profit. These products are aggressively pushed by the pharmaceutical companies with a view to duck price control. DPCO 2013, driven by its faulty market-based pricing formula, has once again left the FDCs out of the price-control regime even though these combo-drugs constitute a large market share. FMRAI has raised this issue with the authorities, once again.

Rational and irrational

All combination drugs are not bad. Anti-TB, Anti-HIV is lauded combination drugs. But there exists some drugs which are certainly irrational and harmful. Some antibiotics are being combined beyond support of scientific evidence. Such cocktail of antibiotic leads to antibiotic resistance in invading bacteria. A strain of antibiotic-resistant bacteria becomes a threat for whole of the population. There are many drugs, which are banned in many countries, but are being sold in India. Analgin (Novalgin by Aventis) has been banned in USA in 1977. It has been banned in Sweden (1997), France (2006), Morocco, Lithuania and Armenia (2000), Yemen and Zimbabwe (1994), Nigeria (2006), Philippines (2009), Timor Leste and Serbia (2005). It is also banned in Canada, Australia, Japan, Iran, Vietnam and Nepal. In has been banned even for the use in animal in USA in 1995.India had decided to suspend sale and distribution of this drug in June 2013. But this suspension has finally been revoked in 2014 and still it is available in India. Sanofi, the French MNC, is barred from selling this in its parent country

(France) but gleefully marketing this product in India. This medicine has the great potential to reduce the number of WBC very rapidly and poses a great risk of fatality, besides other side effects.

Corex and Phensedyl

Bangladesh welcomed the move of Corex and Phensedyl ban. These codeine containing cough preparations (codeine is basically derived from opium and classified as a narcotic analgesic) are being widely used as addictive drugs in Bangladesh. Bangladesh, since over last two decades, has been urging India, time and again, to stop the smuggling of Phensedyl and Corex across the border. Some newspapers over there even went to the extent of accusing India of corrupting the Bangladeshi youth by allowing smuggling of such preparation to the country. These cough syrups are banned in Bangladesh, but its exceptionally high codeine content fascinates the addicts. The addicts cough up the three times the price in India for buying these drugs.

Blackmarketing and smuggling with Corex and Phensedyl offers easy money for the outlawed terrorist groups operating in the large landscape encompassing northeastern states (including Assam, Tripura) West Bengal and Bangladesh. These drugs are also being abused in many parts of India. The major appeal of these products is not as cough preparations but as addictive, easily available. FMRAI exposed this once again. FMRAI fought for the cause of the people. FMRAI widely revealed the black marketing and smuggling with these cough syrups in various issues of FMRAI News (see August 2005 and September 2015 issue of FMRAI News)

Save common people from the onslaught of the MNCs and Big Pharma

The Parliamentary standing committee on health and family welfare, in its 59th report (tabled in parliament in May 2012), exclusively focused on the functioning of the Central Drugs and Standards Control Organisation, exposed many shady practices under the stewardship of CDSCO but also stated the following: 'The Committee is of the view that Section 26A is adequate to deal with the problem of irrational and/or FDCs not cleared by CDSCO. There is a need to make the process of approving and banning FDCs more transparent and fair. In general, if an FDC is not approved anywhere in the world, it may not be cleared for use in India unless there is a specific disease or disorder prevalent in India, or a very specific reason backed by scientific evidence and irrefutable data applicable specifically to India that justifies the approval of a particular FDC. The Committee strongly recommends that a clear, transparent policy may be framed for approving FDCs based on scientific principles.'(Para 9.8 of the report).But, unfortunately, a transparent policy has not yet been evolved to save the common people and to give them due protection from the onslaught of the

senseless profiteering of the MNCs and Big Indian companies operating in the country. The nationalism agenda of the present government does not include protection of the interest of the common citizens but ensures obscene amassing of wealth by the corporate.

What FMRAI stands for

Anytime in the past, when FMRAI was required to choose the side to which it will be on, it has always stood by side the common people. It defended the interest of the masses, beyond narrow interest and myopic vision. When there was an initiative to ban irrational and harmful estrogen progesterone (EP forte) combinations in India, the powerful MNCs along with a section of academics, lobbied in favour of undoing this ban and unscrupulously advocated continued marketing such combinations in India, FMRAI, along with a large section of doctors, academicians and health activist, fought vehemently in favour of such banning. The combination was finally banned. When Letrozole, an anti-cancer medicine of 2nd line choice for breast cancer in post-menopausal women, was marketed with an irrational and fraudulent claim (which is technically called as off-label indication) as a fertility drug by infamous Sun Pharma and caused harm to many young woman in the country then, it was FMRAI that voiced its protest and exposed the falsehood of Sun Pharma. Sun Pharma, finally, had to stop its misadventure. Whether a combination is rational or irrational has to be verified by the medical specialists earnestly working in the field. It has to be sanctioned and supported by technical evidence. It is best authenticated by the expert opinion and has to be matched with the carefully-recorded experiences gathered across the globe. Especially, we have to match with the experiences from those countries where strong drug regulatory frameworks and systems exist. FMRAI stands by the health interest of the people (as against the unhealthy overgrowth of the big Pharma). FMRAI stands by the scientific truth (rather than hocus pocus and pseudoscience) Finally, FMRAI is committed to the interest of the field workers (as the situation may call for) and to the cause of self-reliance in production of genuine modern medicines and its easy access for the heath need of the citizens of this country .

(Article, FMRAI News, April 2016)

Pleasing the US corporate at the cost of country's interest

In the first visit to USA Modi tried to impress Obama with multiple assurances favouring US industry. We find on his return health budget allocation was slashed and quick initiative was taken to frame a Patent Policy. Prior to this, second US International Trade Commission investigation announced in clear terms that Indian policies have adversely affected US companies doing business in India. Among the various key policy barriers, treatment of intellectual property (IP) had large negative effect on specific US industries. The report further emphasised that if tariff and investment restrictions were fully eliminated and standards of IP protection were made comparable to US and Western European levels, US export to India would rise to by two thirds. Now Modi is again visiting USA with a desired gift for US big corporate -Intellectual Property Rights Policy.

For developing a patent policy, a committee was formed with experts who are in research or teaching IP in different reputed universities or law schools. The Committee submitted a policy draft to the Department of Industrial Policy and Promotion (DIPP). Within a month the Minister of Commerce announced that a six members Committee has been formed for drafting the Intellectual Property Rights Policy. Who were the characters in this Committee?For example, it consisted of a partner lawyer of Arun Jeitly and niece of Minister Arun Jeitly, from FICCI and importantly Deputy General Manager of Cadila. Finally, on 12 April, 2016 the Government announced national Patent Policy.

First of all the policy remained vague in many compositions it made for policy directives but is clear in prioritizing the interest of the big corporate for their long time demand for a strong IP. The policy covers almost all sectors of IP which will ultimately cover sectors as diverse as pharmaceuticals, software, electronics and communications, seeds, environmental goods, renewable energy, agricultural and health biotechnology, and information and communications though India has existing policies in nearly all these sectors. The orientation now is exclusively to incentivize monopoly building and damaging the domestic sector. The policy assumes that a strong IP based policy framework is essential to promote creativity and innovation in India.

What more the US wants from India in the medicines patent when 77% of total 4,614 patents in pharmaceuticals sector were granted to foreign companies in last 10 years. Similarly in 18 other sectors, including agricultural engineering, bio-chemistry, bio-

technology, chemical and mechanical engineering, India has accorded over 70% of legal protection to foreign companies. Did a strong IP regime work for the benefit of pharmaceutical industry after the adoption of TRIPS Agreement? The policy does not demonstrate how a regime favouring maximum possible incentive for IP owners and the granting of monopolies will be able to ensure development of India.

Analysis of the impact of the patents granted on sixty two New Chemical Entities (NCEs) or new drugs introduced in India since 1995 indicates that the market power of foreign firms is on the rise due to the adoption of product patent in various therapeutic groups such as anti-cancer, cardiovascular, central nervous system, diabetes, urology and other such non-communicable diseases. Data clearly reveals that the market power of foreign firms would have been greater had India opted for early TRIPS implementation like many of the countries in Latin America did and made their industries as well as people suffer the adverse consequences of strong intellectual property regime. Yet Indian pharmaceutical companies have established a high market share in medicine production for export at cheaper price. When this fact is acknowledged in the patent policy, how can they promote for stronger IP. The UK Commission on Intellectual property Rights (CIPR) commented that 'Developing Countries should not be coerced into adopting stronger IP rights without regard to their impact this has on their development and poor people'. The Vision Statement and the Mission Statement of the policy proclaim that creativity and innovation are stimulated by Intellectual Property for the benefit of all.

The policy had also proclaimed that the existing Patent Law would be reviewed and if necessary may be changed. The ominous trend to change patent law was on the agenda forced by the US pharmaceutical industry.US Trade Representative had several times asked India to refrain from issuing compulsory licenses. In fact, theGovernment officials went to the extent in assuring that no compulsory license would be issued further which of course was denied later. The policy mentioned several measures to campaign among lawyers, judges and even public on the benefit of commercial utilization of IP but never mentioned about the need of using pre-grant and post grant opposition of patents. In recent times, the courts have unjustifiably rejected pre-grant opposition of pneumonia vaccine. Similarly, compulsory license of several medicines have been rejected.

One of the most important features of Indian Patents Act is utilization of TRIPS flexibilities to the maximum that too after serious persuasion by left parties. US industry had remained utterly dissatisfied on patents act for curbing their unjust profiteering and monopolization. Their opposition to India being medicine suppliers

to the third world countries and generic market of USA has been spelt several times. They strongly pursued removal of Section 3(d) of patents act which prevents patenting of medicines on frivolous ground and extension of patent period. New patent policy spelt very well about providing of medicines by Indian companies to the third world countries, but it did not mention anything to protect it, rather indicated to change patent law towards a stronger regime. The other thing the US companies are pushing for, is utility patent which allows short time patent for incremental addition of a product in the name of benefit to medium sector. It again is a form of extension of patent period. The Government appointed Committee, in their 68 pages of report established that such utility model will not help even the small and medium sector. Another most vulnerable area that has emerged, to block generic medicine production, is data exclusivity. The patent policy remained silent here but danger is lurking around.

The policy states that the government will engage constructively in the negotiation of international treaties and agreements. It also states that it will examine accession to some multilateral treaties which are in India's interest. Most deplorable trade treaty has been framed at the instance of US business houses is Trans Pacific Partnership (TPP) Agreement which included all the above postulation for extension of patent and monopolization. Though India has not yet joined them yet another similar treaty where India is directly involved is RCEP (Regional Comprehensive Economic Partnership) Agreement, where Japan is trying to force whatever has been done in TPP. To decorate with nicety, the policy states to uphold Doha Development Agenda which has been successfully killed in the last WTO meeting. Our Commerce Minister has disastrously failed to pursue this agenda to the delight of US corporate. The Doha Development Agenda which is famous for advancing health priorities for developing countries is thus closed for ever. The Policy therefore provides no scope of health safeguard but allows US monopolist to grab Indian market more aggressively. A big hand is waiting for Mr. Modi in his next visit to USA.

(Editorial, FMRAI news, June 2016)

Cruel and unjust punishment for sales performance

How long a medical or sales representative will remain sad about his sales performance?

As long as he or she does not complete the company's product-wise, value-wise, month-wise yearly target.

However stupid or senseless may it appear, this is the common conversation that reverberates in the industry, pharmaceutical or others.Yes, sales performance is the major parameter for judging a medical or sales representative's work. The hard labour of sales promotion employees (the way it is called in a book of law) are not measured by the quantum of time spent or the extent of skill employed. Their difficulties and hurdles, pains and pathos, their toil and torment are not counted either by the employers or by the government.

Medical or sales representatives, especially sales representatives, in many instances, do not have any mentionable service condition. Some times (medical representatives, in general) privately-designed appointment letter, which defies the existing law, rounds up terms of employment. Sometimes, work is continued (mostly, sales representatives) with 'offer letter'. Yet another section works through contractual agreement under the 'service provider' (contract-employer chosen by the principal company), again in contravention of law.

When a private appointment letter decides the service condition, it imposes various retrograde condition of service and imposes private working rules along with different punishment clauses. In absence of specification of job, without having job responsibility well-defined and without fixed hours of work, anything and everything passes for 'company's norms' and the medical or sales representatives are made to obey that. Verbal instructions of managers, however irrational, impossible or generically wild may it be, are considered as infallible pontifical utterances and it is forced upon field workers when standard work-norms or legally mandated working rules is non-existent. Doctor or customer coverage, compliance, sales performance becomes part of service condition. In all these scores one has to be cent percent, to keep one's employer happy and keep the job animated. With customers going absent for plenty of reasons, a field worker has to make-up his coverage to save the job. A field worker will make 'compliance' by visiting these customers, at a given frequency, twice or thrice a month to configurate the commanded 'compliance'. Above all, one has to bring sales performance when market is non-yielding, the purchasing power of the people are declining, the product supply is

at deficiency, the tools of sales promotion is poorly provided or the products are least-accepted or they are being suddenly defamed or even discarded.

These days, industry is making a trick and calling a field worker an 'executive'. This is not to create occasion for a higher wage but to deceive a field worker. Industry hoodwinks a novice field worker and calls him a 'peacock' only to 'duck' the law of the land.

With this fake designation industry keeps a field worker ignorant about the legal benefits (SPE Act) which are undeniably applicable to him. Appointment letters, which stealthily make them 'executives', comprise of terrible terms and conditions. Such private and illegal appointment letters announces that if a field worker is 'found to be suffering from any skin troubles or any contagious diseases' like chicken pox, malaria, tuberculosis, influenza, jaundice, amoebiasis or ringworm, then the concerned field worker may be dismissed from service at the will and injunction of his employer. Any and every kind of work is labeled as the work of a field worker, even those works which are neither dignified and nor honourable. 'Meet a doctor and give him a bouquet of flower at airport who has been sponsored by the company for a foreign trip and who his coming back to the city tonight at 3 AM'. ‘Go to the residence of the doctor on his birthday early in the morning and catch attention, even in an ironic way, and build up prescriber for company's products'. 'Hold a diabetic camp this Sunday, check and prepare report of blood sugar sitting in the doctor's clinic', even if everyone is not qualified to do so, even if law forbids someone to do so. Grievously enough, a field worker is made to perform all these activities as his 'sir' pleases him to do this way. They are forced to accomplish all kind of works including those which are supervisory or managerial in nature. The day to a day field work causes terrible nuisance and tyranny is brought to the operational area of marketing.

A field worker faces unfair treatment and faces, quite often, indignation and abuse. In the epoch of break-neck competition, newer and newer promotional plans, both impractical and unrealistic, are being experimented and field workers are made responsible when sales performance fails. Then, disciplinary actions are taken arbitrarily based on absurd service conditions. So a habitual sales performer like AshisAwasthi is found dead on a railway track under tremendous sales pressure, threat and mental torture when the coveted sales performance is failed and his job is at stake. When the spectre of sales performance haunts him day and night, an alternative, viable and impressive vision of life gets blurred, at least for the time being, and a field worker finds his life meaningless. Atrocity in the pharmaceutical industry takes toll of young life, over and over again. Large number of field workers are made to 'generate their attendance' through electronic reporting system. While

electronic reporting system offers the company an easy, quick and centralised means for accessing the feedback from the market it also opens an opportunity for 'tracking' and 'monitoring'. Employers want to count every step of a field worker.

Therefore, they want a field worker to keep under 'surveillance' across the board, during work and rest, all the time in his public and private life, in a way not different from a criminal being watched over by the police. Such abysmal encroachment upon personal liberty clearly flouts the basic precept of the Indian constitution (Article 21).

Electronic reporting system has pushed the field workers to a situation further desperate. These days, dismissal of a field worker does not require any 'formality', let alone the 'legality'. Not a letter, not a show-cause, not a charge-sheet not even an enquiry. In a sweeping manner, a field worker's job is taken away. Industry masters 'block the reporting site' and make a field worker forcibly 'absent'. Consequently, salaries are stopped and working expenses are not reimbursed. This is comparable to a situation when a factory worker is roughed up by goons and prevented from signing in into his workplace. This 'locking' of reporting site is even worse, because, a factory worker can make a complaint to the police for penal action. But, here, field worker is made to suffer in silence. He is thrown out of job with the click of a mouse. FMRAI reiterate that sales promotion is an industrial activity and sales is an incidental outcome of this industrial activity where everyone in company's hierarchy is involved and a field worker is not answerable for not making an omelette without breaking an egg. This position, however, is endorsed by Indian parliament which has amended the ID Act and has done away with all ambiguity in relation to definition of 'industry' in 1982 and included 'sales promotion' within the definition and meaning of 'industry' ('any activity relating to the promotion of sales or business or both carried on by an establishment').

To make it effective, Gazette notification is a formal requirement and a constitutional duty and obligation of the central government, which, however, is awaited for last 34 years.FMRAI demands of framing of statutory working rules, for sales promotion employees, by the central government.FMRAI demands of strict implementation of SPE Act. SPE act is not being implemented for the sales promotion employees in the Pharmaceutical and 10 other industries. Employers do not care to implement the act while punishment against violation is very nominal (Rs.1000 of fine).FMRAI demands of provision of stringent punishment including imprisonment. In last 2 decades, there is exceptional spurt in cruel and unjust punishment and various kind of victimization based on sales performance. In this background only, FMRAI demands of convening the meeting of the industrial tripartite committee for discussion on host of basic

issues related to the very existence of the medical or sales representatives. In this background, FMRAI decides to organize massive agitation. It is already started at subunits. The next phase of programme is in the states, across the country. In view of building-up a stronger movement, wider campaign is in the offing.

FMRAI units and subunits will take intense campaign to the members, including those who are least reached or to the non members who are unreached. FMRAI's demands will echo at every corner of this country loud and clear. Common people, other section of workers and activists should also know the plight, pain and possibility of the field workers' movement. Programmes include mass meeting, rally, dharna and submission of memorandum and other innovative programmes with a view to both broaden and heighten the movement. Field workers from across the county will storm to the streets of the capital of this country, New Delhi, and organize dharna before the winter session of the parliament on 21st November, 2016.If demands are not met, finally, the field workers of the entire country will strike back and go for All India strike. Field workers are determined to halt this outrage in the industries and refuse to allow the atrocities on the sales promotion employees to be passed up as such.

No pasarán !

Fight will go on till the demands are met.

(Editorial, FMRAI news, September 2016)

Songs of amity against verses of vengeance

Attack on army camp at Uri on September 18, 2016 by terrorists and killing of 18 Indian army personnel was severely condemned by all democratic forces in India and abroad. Following the shocking incidence, the Modi government has opted for military action ('surgical strike') violating the line of control and breaking the 13 years old ceasefire agreement. Modi government has given this military action a wide, vociferous and unprecedented publicity, unlike all other preceding governments in the country in last 40 years. Even if such violation of LoC was executed in several earlier occasions, none of our previous governments had ever admitted it openly and kept room for diplomacy and gave peace some chance. This time such military action not only served some military purpose, but also served a well designed purpose of fanning the fire of passion and hatred among the mass of the people. Responsible ministers started irresponsible chest-beating, compared the army with monkey god 'Hanuman' and showed reckless triumphalism. This has created frenzy inside the nation and RSS and other Hindutva outfits have started demanding of further and bigger military action. This has also created for them a situation wherein they have escalated their rabid campaign against minority communities, especially Muslims.

Two neighbouring countries, both having acknowledged nuclear capability, are roaring and chest thumping for an imminent war. If war starts innocent civilians and soldiers will die. Most of the soldiers are from the agrarian masses. So it is the common people again who will suffer. Our army men will die not for any purpose of nation-building as bloody war creates nothing for nation building.

'The merchants of hate' has already descended to their business. They want war. They are 'howling verses of vengeance'. They want war across the border and war inside the country against Muslims, Christians and Dalits. Now, under Modi regime 'nationalism' is a fever and this febrile condition is at its best now. Here and now, cow's blood is more valuable than human blood. Men are being killed by the purported 'cow protectors'. Unarmed men are being killed by the state, extra-judicially, in the name of encounter. If you oppose blood-letting and this war-mongering of the BJP government you run the risk of being termed as 'anti-national' and sedition charges may be slapped against you. For Hindutva outfits diplomatic solution is a defeat and it will be a victory of their ill-defined 'nationhood', if and when, thousands of soldiers and common people die in bloody war at both sides of the border.

We cannot afford to engage in war as it will lead to irreparable mutual destruction. A new war will require more acquirement and

purchase of armaments from the rich nations. This will also give ruling classes a pretext for further cuts in already-curtailed welfare measures, be it women and child development, health, education, food security, MNREGA or any other. It will, serve the ruling classes and lead to complete destruction of the poor. In war workers are big sufferers. War means price rise, heavy taxation, and complete anarchy. There is narrowing of democratic practice and institutions during war, there is lawlessness, of which employers take the benefits. There is atrocity, curtailments of all the rights, even wage cut and spurt in victimization.

In such a situation, workers, those who are engaged in field work are worst affected. The sales promotion employees too, consequent to their nature of job, requiring huge travelling and outdoor field work, not only face trouble of military and security excesses but also , at times, come across sudden restriction on their free movement inside their own working territories or even worse, face danger of life arisen out of such a situation. This again creates ground for some employers, some corporate tyrants, in taking irrational action and causing opportunistic victimisation. Most frequently entire territory is transferred to distant places, amounting to uprooting and separation from family, making a narrative of a cruel war come true. The violence in the border is replicated on the army of workers by way of every kind of violence on of their job and their livelihood.

As part of working class of this country FMRAI wants political solution instead of war. Dialogue and diplomatic means are the only ways for solution. Curfew, bullets and pellets are no solution, nor does it amount to combating terrorism. If war starts there will be no winners in either side. We reject this warmongering.We condemn this vulgar brand of patriotism as it does not mean food for all; jobs for all, education for all, health for all or at top of all equality for all. We stand for amity against enmity; we stand for human values against fake patriotism.

(Editorial, FMRAI news, November 2016)

People's distress during a clumsy economic adventure

All on a sudden, 86.4 % of circulating cash (according to RBI's annual report) has stopped being legal medium of payment (legal tender). Bulk of cash was made worthless piece of papers in a country where 90 % transaction is made in cash and 50 % people do not have access to banks. Promissory notes that promised a value 'guaranteed by the central government' (a currency note of Rs.100 mentions 'I promise to pay the bearer a sum of one hundred Rupees') ceased to promise anything, overnight. All the hard-earned money of the commoners, all the savings in the hands of the wise housewives and all the money in the hands of the villagers who does not have access to bank, all the money in the hands of the small traders, the farmers, the casual workers, the daily-wage earners, became 'black money' and all the people who held Rs.500 or Rs.1000 were considered as 'possible crooks' unless and until they are proved otherwise.

Demonetization has adversely affected 97 percent Indian' High value notes' is a misnomer coined by the government. What is high value? A Rs. 500 note or a Rs.1000 note is said to be a high value note on 8th November, 2016? When there is incessant price rise and day to day household items are sold at high prices, then it is no common sense to call a Rs. 500 note a high vale note. In 1978 demonetization, any common citizen had hardly ever seen Rs. 5,000 and Rs.10, 000 notes. But now Rs. 500 note or Rs. 1000 note is extensively in circulation. Common people use those notes most frequently. Even poor people, even the wage labourers, who get weekly payments, get their wage in Rs. 500 note or Rs. 1000 note. The ministers and leaders of the ruling party who do not pay their bills themselves or use credit or debit cards can only think so absurdly. They do not have any down-to-earth knowledge about the current price rise in the market.

Black money

Demonetization has nothing to do with black money. He who makes black money is clever enough to quickly convert it to gold, jewelry, land and property or send it to Swiss bank or to any other places overseas. The stock of black wealth held in currency form is estimated at around 5 to 6 per cent. Percentage of black money in Rs.500 or Rs.1000 notes is even less than that. The 'seasoned dealers of black money' are not perturbed by this move. On the contrary, they have quickly converted their black notes into white ones, with new Rs.2000 notes with the help of unscrupulous officials of the public and private banks ('a little gain after more pain', the Hindu, 23rd Dec., 2016). They managed to get new notes at very early days of demonetization when common people were running pillar to post to get some new currency. Some cases have been

unearthed, if investigating agencies do not get plagued with inaction, many more such case will be revealed soon.

Modi government's love for FDI has further enabled the black money to become white. As new opportunities for the criminals, especially the rich and privileged criminals, black money comes back to the country as white investment in the form of FDI (this is called 'Round tripping'). With few hundred dollars off-shore 'paper companies' ('Shell Companies') are set up in small time using internet. Black money is made white through multiple transactions, across a series of these paper companies, by making use, various liberalized financial institutions or instrument. Foreign multinational companies evade tax payments in India by making transactions with shell companies registered in tax haven countries (like Switzerland, Lichtenstein, and Luxemburg etc.).

Black money is not parked anywhere forever but it is in circulation in the economy. While black money circulates in the system, 'black wealth' remains parked. Getting rid of black money continuous investigation and prosecution is needed. Black income generation is perennial and it is inherent in the system. It is systemic disease. 'It is not anecdotal. It's not that one day you do it, the next day you don't do it. Every act of corruption is a nexus between the corrupt politician, businessman, police and the bureaucracy or the executive'(Economist Arun Kumar, in an interview in Caravan.).

Distress of the people

93 per cent workforce of the country (out of sum-total of around 45 crores) works in the unorganized sector. This sector deals in cash, and cash alone, as the transactions are low. In this sector an employer pays the workers, who are casual labourers most often, directly in cash on a weekly basis and sometimes, on daily basis. The workers too spend this amount immediately in cash, daily, to meet the routine needs of essentials. Agriculture, small and medium scale enterprises, labour-intensive small manufacturing units including those like textiles, garments, hosiery, transact in cash and cash alone. These small and medium enterprises hold large sum of money as cash. Such cash constitute their working capital. This cash enable them to purchase raw material and pay wages in cash. Demonitisation has caused mammoth disruption in this system and these sections of workers are laid off. These workers, in large numbers, have returned to their native villages. Day labourers who gathers early in the morning to the city crossroads for some odd jobs for the day, are worst affected. Street vendors, craftsmen, hawkers, migrants workers are being robbed of their livelihood. The farmers and the daily wage worker are worst affected. Farmers are not getting price for their produce as the price of their produce has dropped. Farmers, with large amount of harvest amassed beside them, are waiting for customer with vacant look. Many of them are also unable purchase seed and fertilizer and their sowing plans are either getting marred or getting inordinately delayed, owing to demonetization. Field workers, especially those who works under service providers, are worst affected. Field workers working in small

enterprises and those who receive salary in cash are badly hit. Besides, there is reduced demand in consumer items promoted by sales representatives. In pharmaceutical market too this has made reduction in demand, especially in the small town and cities. Innocent field workers are facing punishment, or threat of punishment, following reduction in sales performance.

Authoritarian way of implementation

Government's attitude is very stubborn. It appears to be generically insensitive and pathologically indifferent to the plight of the people. Amartya Sen, in a recent interview has stated that, 'Only an authoritarian government can calmly cause such misery to the people — with millions of innocent people being deprived of their money and being subjected to suffering, inconvenience and indignity in trying to get their own money back'.

Quaking the economy

This currency crunch would exert very poisonous effect on the economy in a lasting manner. It is causing huge pain with little or no gain. The massive shock of currency scarcity has struck a big blow to the cash-based economy including agriculture, construction, garments, textile, and jute besides other relevant sectors. Marginalization of unorganized small and medium enterprises will help the big business bodies and brush aside the competition from these sectors. This again will have deleterious effect on the economy in the long run.

Recapitalization of banks for serving the rich

More than 60 persons have died during this cloudy economic adventure. When government and its ministers are talking about cashless economy they do have one very secret economic agenda beside their noisy political discourse. Through cashless agenda they want that all the money in hands of the careful housewives and all the money in the hands of the small traders, casual workers, and daily-wage workers should be deposited to the banks right away. Given the size of the population it is indeed a huge amount of money. If this whole amount of money that was always kept as cash in the hands of the people until now, return to banks, all the banks will get the blood of the poor people as fresh source of capital. Demonetization has nothing to do with black money or fake notes or terrorism. Demonetization is only a clever attempt or a nefarious trick with which they want to re-capitalize the banks and the corporations, first to aggregate the capital in the banks and then to siphon it to corporate. It is feeding the rich, once again, with the blood of the poor

(Article, FMRAI news, January 2017)

Medicine for Masses

Pre independence period

'Medicine for Masses' was part of Indian freedom struggle standing up against the foreign drug companies during BritishRaj in India. In this effort country's scientists made significant contribution. During the Second World War medicines of the foreign drug companies were diverted to the army in war. A huge gap was created in the supply of medicines for the Indian masses. At that juncture the drugs made by Indian companies saved millions of lives. Acharya (as is popularly known) Prafulla Chandra Roy, chemistry professor of the Presidency College, in Kolkata was the pioneer in this effort. He established Bengal Chemical &Pharmaceutical Works Ltd in1901 and inspired others.

Dr. UpendranathBrahmachari was a leading scientist and professor of tropical diseases in the present NRS Medical College in Kolkata. He discovered Urea Stibamine in1922 for the treatment of Kalaazar. His discovery saved millions of lives in India, particularly in the erstwhile province of Assam where it was endemic in certain areas. The achievement of U. N. Brahmachari was a milestone in successful application of science in medical treatment in the years before arrival of antibiotics. In1924, he established Brahmachari Research Institutefor the research and manufacture of medicines. Dr. Hemen Ghosh in Standard Pharmaceuticals Limited in West Bengal in 1938 discovered manufacturing process of bulk penicillin first time in Asia from orange peels. Ashok Kumar Sen was a first class postgraduate degree holder in organic chemistry from the Calcutta University. He established East India Pharmaceutical Works Limited in1936 and produced everyday useable drugs from basic chemicals to cater to the needs of the Indian masses. Inspired by Acharya P. C. Roy, Capt. Narendra Nath Dutta established Bengal Immunity Company Ltd and Bengal Immunity Research Institute in1934 and did pioneering work in the mass production of Sera and Vaccines and drugs against malaria, which was a curse in eastern India. Dr. Khwaja Abdul Hamied was a postgraduate from Allahabad University and obtained his PhD degree from the Humboldt University of Berlin. He, along with Zakir Husain, was the founder professor of Jamia Milia Islamia in Aligarh, now based in Delhi. Dr. Hamied was an honorary professor and a member of the executive council of the Aligarh Muslim University; a member of the Senate of Bombay University and a fellow of the Royal Institute of Chemistry, UK. He conceptualized the Council of Scientific and Industrial Research (CSIR) and was the member of its governing body from its inception till his very last day. He was an ardent disciple of Mahatma Gandhi. He founded Chemical, Industrial and Pharmaceutical Laboratories (CIPLA) in Bombay in

1935.B. R. Amin was another pioneer in drug production in India. He established Alembic Ltd in 1907 at Barodara. Ambalal Sarabhai was a leading industrialist of Ahmadabad and was an ardent supporter of Mahatma Gandhi. Sabarmati Ashram was established with his help. He founded Sarabhai Chemicals in 1943 at Barodara with mass production of calcium lactate from molasses and other fine chemicals and pharmaceutical products. India's renowned space scientist Vikram Sarabahai was associated with Sarabhai Chemicals.

Post-Independence Period

For the capitalist development in India after Independence; construction of financial, industrial, labour and self reliance structures started taking place. In the field of pharmaceuticals (i) public sector was established, (ii) new patent law was enacted, (iii) drug policy was formulated based on Hathi Committee's (Parliamentary committee) recommendations and Drugs Prices Control Order (DPCO) was issued; at the core of which was the theme, as noted by Hathi Committee.

Medicines for common man at affordable prices

(i) With the discovery of higher antibiotics and other modern medicines, multinational drug companies had been importing the ingredients, converting to formulations and selling in Indian market at high prices beyond the reach of the common man. They refused to transfer technology. In such a situation, first public sector plant, Hindusthan Antibiotics Ltd, at Pimpri near Pune in Maharashtra was established for mass scale production of antibiotics, but suffered as US drug MNC E merck supplied obsolete technology. Only after establishment of IDPL in 1960 and its mass production of antibiotics at low cost with Soviet technology forced drug MNCs to establish their modern drug manufacturing plants in India and substantially cut down prices of antibiotics and other drugs.

Public sector drug companies were also established in several states and sick private sector companies like Bengal Chemical, Bengal Immunity and Smith Stanistreet, all during Left Front government in West Bengal, were nationalized.

(ii) After 10 years of debate inside and outside the Parliament, India rejected the British made patents in India in the Patents & Design Act, 1911and enacted a new Patents Act,1970 in which 'product' patent of drugs was not allowed. Absence of patent in drugs helped rapid growth of Indian sector companies and subsequently taking over huge off-patent medicine (internationally known as 'generic') market in different countries, including countries with advanced economies, with quality products at low prices. India effectively resisted the pressure of powerful drug MNC, particularly of US origin, on the patent issue of medicines despite US Congress adopting Super301 and Special 301 Acts imposing penalties for drugs' patent violations; and the pressure in the GATT (the precursor

of WTO) negotiation.

(iii) Based on Hathi Committee's recommendations, Drug Prices Control Order, 1979 was issued under Section 3 of Essential Commodities Act,1955. The Order had two significant features - (a) fixing cost-based control of drug prices and (b) all drugs were brought under price control. All drugs were divided in three categories with lists of drugs Category I with the list of essential drugs; Category II with the list of very important drugs; and Category III with the list of rest of the drugs. For category I drugs Maximum Retail Price (MRP) was fixed at 40% Mark Up over ex-factory costs + excise duty; for Category II drugs the Mark Up was 55%; and for Category III the Mark Up was 100%. However, under pressure from drug lobby and based on Kelkar Committee's recommendation, DPCO, 1987 was issued. This order entirely removed Category III from price control; removed number of drugs from the list of essential drugs in Category I and also from Category II drugs list; and increased Mark Up to 75% for category I and to 100% to Category II drugs. The Parliament enacted Drugs &Magic Remedies (Objectionable Advertisement) Act, 1954 to ban public promotion and to allow restricted promotion of drugs only to concerned and qualified persons and institutions; and enacted Sales Promotion Employees (Conditions of Service) Act, 1976 (SPE Act) to regulate the job conditions of the Medical Representatives, the only persons who are legally authorized for sales promotion under the Drugs & Magic Remedies (Objectionable Advertisement) Act.

Neoliberal Stage

In the neoliberal stage since1990s, demolition drive began on all these structures of Medicines for Masses which were created based on landmark Hathi Committee Report, 1975.

Destroying PSUs

Even during pre-neoliberal stage, the central government undermined the role of drug producing public sector units(PSUs) from production of bulk and formulation drugs and vaccines in favour of the Indian and foreign private sector drug companies. As a result, today in neoliberal stage, Indian drug industry has become hugely dependent on import of cheaper bulk drugs despite the large number of PSUs, with their huge infrastructures, remaining idle and on the verge of formal closure. There is big threat to the availability of medicines for the Indian masses.

FDI in Pharmaceuticals

In this aggressive neoliberal stage, Modi government has approved NITI Aayog's proposed list of PSUs for 'strategic sale'(majority share and management in private hands) and is operationalising it and disinvesting the PSUs. The Union budget 2016-17 projected to raise Rs.20,500 Crores from strategic sale and Rs.36,000 Crores from minority disinvestment of PSUs. In the

neoliberal stage FDI became the mantra for both UPA and NDA governments and became more aggressive with Modi government's 'Make in India' campaign. In pharmaceuticals, UPA's Manmohan Singh government allowed 100% FDI through automatic route in Greenfield projects (new ventures) and, under approval by FIPB (Foreign Investment Promotion Board), in Brownfield project. Those foreign drug companies, who left India during pre-neoliberal / early neoliberal stage, started coming back through FDI's Brownfield route.India's two big companies Ranbaxy and Piramal Group of Companies were taken over through this route by Japan's Daiichi Sankyo and US based Abbott Laboratories respectively in addition to several other companies. Several other Indian companies are negotiating for sale to drug MNCs. To facilitate the process of Indian companies' take-over by drug MNCs, Modi government has, now, taken one more step allowing up to 74% of FDI in Brownfield in pharmaceuticals through automatic route, without need of FIPB's approval.

Resistance against Patent Regime

In the area of patents of medicines, India surrendered to US pressure and signed WTO agreement at Marrakesh in 1994 accepting product patent of drugs. However, it was necessary to amend the Patents Act in accordance to the international trade agreement. Yet, resistance against patents of drugs in India is still continuing. It is to the credit of the Left parties in the Parliament that an amendment was inserted in Section 3(d) in the Patents Act in 2005 which reads as, "The mere discovery of a new form of a known substance which does not result in the enhancement of the known efficacy of that substance…is not inventions within the meaning of the Act." The same amendment inserted an explanation as, "Explanation For the purposes of this clause, salts, esters, ethers, polymorphs, metabolites, pure form, particle size, isomers, mixtures of isomers, complexes, combinations and other derivatives of known substance shall be considered to be the same substance, unless they differ significantly in properties with regard to efficacy." Drug MNC Novartis lost its anti-cancer drug 'Gleevec' case in Supreme Court on this ground. In addition, judicious use of 'compulsory licensing' of TRIPS agreement commensurate to Patents Act in India, relief can beprovided to the people with cheaper generic drugs.

Compulsory licensing is a provision under the Trade Related Intellectual Property Rights (TRIPS) agreement where the government allows a company to manufacture and sell patented drugs without the consent of the innovator company. Bayer challenged this clause in case of their anti-cancer drug 'Nexavar' in Supreme Court.The Supreme Court ruled against the company's claim and said that it had not shown any fresh research and development expense figures to warrant court interference. Indian companies are producing both these anticancer drugs and selling

in India and in different countries of the world at a much cheaper price. However, during Prime Minister Modi's visit in USA in September, 2014, three working groups were formed between USA and India on three predominant issues - defence, atomic agreement and patents in pharmaceuticals. Working through these working groups, USA has succeeded in defence agreement and in circumventing 'supplier's responsibility' clause in case of atomic disaster. The working group on drug patents is working hard for removal of Section 3(d) in Patents Act and restriction on compulsory licensing.

Dilution and Elimination of Drug Price Control

DPCO, 1995 further diluted the control on drug prices. By this order drug price control was restricted only to essential drugs in Category I and bringing down the number in the list of essential drugs from 140 to 76; raising Mark Up from 75% to 100% to fix MRP on ex-factory cost (excluding excise duty as was in earlier DPCOs); and removing all other drugs from price control.

In 2005, UPA Government took another misleading step which caused soaring of all drug prices. In a 2005 order, the union finance ministry fixed excise duty on all drugs, including essential drugs, at the lowest slab of 8% which one might think was a relief to the people. But, cleverly, this 8%excise duty was collected not on hitherto followed ex-factory cost but on the retail price of the drug, the MRP (with some slab limitation). With this change from cost-based excise duty to MRP based excise duty collection the prices of all drug jumped upward. With each price rise of a drug by its manufacturer, Government's revenue earning also increased; both being mutual beneficiary at the cost of the ailing people of India.

In a PIL case of 2003 praying for price control on all essential drugs, Supreme Court issued direction to Central Government to bring essential drugs under price control. Government appointed expert committee identified 348 drugs including WHO list of essential drugs in 2010 and the Government issued DPCO, 2013 replacing earlierorders. DPCO, 2013 made a complete departure from the past. Instead of cost-based price control on drugs, DPCO 2013 invoked market-control on drugs prices. As per DPCO, 2013, the NPPA(National Pharmaceutical Pricing Authority) will collect the average maximum retail price of a brand or generic medicine of same strength and dosage in the enlisted 348 drugs of such companies which have 1% or more market share of that drug; add 16% more for the retailers and then put it as the ceiling price of the essential drugs. Further, the DPCO, 2013 allows up to10% annual increase on other drugs outside the essential druglist. With DPCO, 2013 in place allowing market to determine cost of medicines combined with MRP-based excise duty are moving in opposite direction from what Hathi Committee report envisaged i.e. supply of medicines to common man at affordable prices or opposite to

Medicines for Masses.

Preparing Ground for Patent Regime of Drugs

In the capitalist system in the commodity market brand promotion and brand competition are universal. However, in case of drugs in the capitalist system itis the monopoly patented drugs which took over the market. Rest of the drugs are called generic drugs. In India, however, absence of patent on drugs since Independence till 2005, when TRIPS agreement came in force in India, following capitalist system drug companies embarked on brand promotion and brand competition and drugs in chemical names are called as generics under Indian drug laws. Since, sales promotion of drugs is restricted only to qualified persons and institutions by identified persons, known as Medical Representatives under Drugs and Magic Remedies (Objectionable Advertisement) Act, 1954 as explained above; these structures under Indian drug laws are standing on way against imposition of a patent regime in India. Therefore, these structures must be demolished to usher in the patented drug regime in India. For this, already a campaign is launched against drugs' brand promotion, unlike all other commodities and services in the capitalist system in India. The campaign is that there is only added value in patented drugs.

There is no added value in branded medicines all of which are generics as established in other countries of the world. On one side, DPCO, 2013 allows market-based price control, on the other side campaign is launched that only converting to generics will bring down drug prices automatically. With this, there are attacks on sales promotion of drugs in the hospitals as notified under Drugs and Magic Remedies (Objectionable Advertisement) Act. Modi Government amended The Labour Laws (Exemption from Furnishing Returns and Maintaining Registers by Certain Establishments) Amendment Act, 2014 and included 16 labour laws for such exemption which include the SPE Act, meant for the Medical and Sales Representatives.

Ground for Struggle

All these have prepared ground for struggle (1) To ensure availability of all drugs, particularly live saving drugs to masses, through public sector taking overthe main responsibility of bulk drugs and vaccine production; (2) To revert back from market-based price control to cost-based price control of all drugs; (3) For lowest excise duty on ex-factory cost instead of MRP-based excise duty collection; and (4) For no tax on essential medicines.

(Paper was presented at Cuttack in Odisha on 11th September in the seminar prior to the 15th Conference of the CITU and the slightly abridged version was published in People's Democracy)

(Article, FMRAI news, January 2017)

Field workers are fairly audible, attention must be paid

On 3rd February, 2017, huge number of Medical and sales representatives, irrespective of their political faith and regardless of their language or religion, have abstained from work and came down to their places of work in every state and union territories of this vast nation. Some employers threatened the field workers and warned them of dire consequences, some employers made effort to confine them in meetings and conferences, but dozens of such dirty designs and murky tricks, failed. Strike was a wonderful success across the country. Fired with spirit of fight field workers took to the streets bravely. This unprecedented success of the strike has challenged the hellfire lit by the employers and the government. No lamenting, no blaming of one's own misfortune, field workers stand hand in hand to confront the outrage of this neoliberal magic and Neolithic restructuring. In Arthur Miller's famous play 'Death of a salesman', Linda , the worried wife of the tired salesman (the main character, Willy Loman) was speaking to two of her sons who were otherwise insensitive , unmindful and oblivious of the pain and suffering of their father. When she spoke emotively, she spoke the truth about a common man and an awful truth about a person engaged in sales: 'I don't say he's a great man. Willy Loman never made a lot of money. His name was never in the paper. He's not the finest character that ever lived. But he's a human being, and a terrible thing is happening to him. So attention must be paid. He's not to be allowed to fall into his grave like an old dog. Attention, attention must be finally paid to such a person'.

No doubt that something terrible was happening to young Ashish Awasthi. 35 years old Ashish jumped before a running train and ended his life. His family and friends did not have any idea about it, neither did they know anything about the ways and means of the pharmaceutical sales promotion. An immense darkness came to light when the police recovered his suicide note. He took this extreme step only after being haunted, day and night, for a long period, by the ghost of 'sales performance'. Even if he was a long-time 'performer' he suffered severe humiliation, harassment and mental torture in the hands of the management of Abbott India Ltd., when sales declined. Ashish died unceremoniously when Abbott's sales was proved to be precious than his life. Ashish's name was never in the newspaper, but he occupied a space only after his death. While reporting his death Indian media invoked the said title of Arthur Miller. But the infamous ghost of 'sales target' continues to haunt the field workers. In absence of specification of job, in absence of legally valid working rules, in absence of clocked

hours of work, field workers are easy victims of mindless cruelty of their employers. There exists private working rules and the job responsibilities of field workers are ill-defined and therefore their service and working conditions are irrational and absurd.

In this context only 3rd February strike demanded of central government of framing statutory working rules and making the tripartite committee functional. Medical and sales representatives, consisting of a large number of young people, constitute a definite fraction of the oppressed masses. Field workers are substantially present in all major cities and towns in this country. Their issues are urgent. Urgent are the issues of the people as well. Field workers refuse to allow unbridled FDI that makes black money white and make an Indian company a multinational overnight by proxy through backdoor . Field workers refuse to allow neoliberal de-construction of the national pharmaceutical companies including the drug PSUs. Field workers will not remain silent onlooker when hard-earned self-reliance of our country in the production of essential medicines is at stake. FMRAI continues to protest imposition of senseless patent regime.

The 'compulsory licensing' provision of the revised patent act is compatible with the WTO norms and in consonance with the 'Doha declaration'. If the large industrialized countries like USA and UK arm-twist India for not making use of this provision of the Indian law, should Indian government accept that? Then, at whose interest, the Modi government has given 'private assurances' to the US trade representative (USTR) that the 'compulsory licensing' provision of Indian patent act will not be used in any further instance ? Such secretive assurance keeps parliament in the dark and betrays the cause of affordable medicine. It is meant to safeguard the interest of the MNCs. Through 3rd February strike field workers condemned this blasphemous act of the government. FMRAI demands of free use of the provision of 'compulsory licensing' in the Indian patent act, for making the fruits of scientific research obtainable to the common man.

Besides, the current 'market-based pricing policy' needs immediate reversal. This market-based pricing policy is nothing but a caricature of price control as 80% of medicines remain outside the ambit of price control. It is proved beyond doubt that the existing 'price-control' system on medicines has not reduced medicine prices to any remarkable extent.

Thus, the entire purpose of price control has been diluted. The 'market-based pricing policy' is a surefire way for ensuring a higher rate of profit for the manufacturers. In fact, it legitimizes the higher price. Imposition of excise duties has increased drug prices considerably. Calculation of excise duties on MRP instead of manufacturing cost has increased the price further. The prices of

medical devices including stents and implants have also increased to an unreasonable and unbearable extent.

The forceful narrative of this strike at the call of FMRAI gives warning to this government once again. FMRAI stands committed to the demands of the field workers. If need be, there will be further and bigger mass action.. Forthcoming general council meeting of FMRAI at Cuttack will decide further course of action. No going back.

The rights of the field workers are worth being protected at this instant. There is no dearth of courage, conviction and sacrifice in the field workers movement in this country. Field workers are dressed up for fight. How can they take off their fighting dress if their demands are not met?

(Editorial, FMRAI news, February 2017)

Two recent developments are worth noting. The department of pharmaceuticals under Ministry of Chemicals and Fertilizers, is reportedly prepared to issue an executive order soon by 'making Uniform Code forPharmaceutical Marketing Practices (UCPMP) mandatory for the drug manufacturing industry' (Times of India, Feb 26, 2017). According to this news item, drug manufacturers will be disallowed to offer items valued over Rs 1,000 as giveaways to doctors. Any freebees and favour beyond this cap 'will attract punishment and penalty'.

Another development is the notification of the National Pharmaceutical Pricing Authority (NPPA) dated 13th Feb., 2017, fixing and reducing ceiling prices for the two major categories of cardiac stents. What is noteworthy, that stent prices have not been reduced purely by the good will of the present government. Two years back, on February 25, 2015, Delhi High Court directed the government to include coronary stents in the National List of Essential Medicines (NLEM) and regulate their prices. In July 2016 government has put coronary stents in the NLEM and now ceiling price has been notified. However, Shree Narendra Modi, while campaigning for assembly election in Uttar Pradesh, claimed credit for this in his lectures. As regards to marketing code the existing code is 'voluntary' and it came in to effective existence in January, 2015. Without being 'statutory' it is ineffective and toothless. Drug manufacturers are violating it with great ease. Since long FMRAI is demanding 'statutory' code, violation of which will attract punishment. Scores of letters to this cause by FMRAI has been written to the ministry.

FMRAI reiterated the said demand in the meeting convened by the department of pharmaceuticals in this matter. Hundreds of street protests, meeting, convention, and seminar has been organised by FMRAI and its state units. The country-wide strike of field workers on 3rd Feb, 2017 demanded of stringent punishment clause in the code of pharmaceutical marketing and reduction of prices of medicines, stents and implants. The Cuttack GCM in Feb., 2017, adopted similar resolution. Now, the government at centre is unable to ignore the thunderous voice of the people. Corruptions in healthcare and predatory practices in medicine, stent and implant business are the burning issues and the common place discussion in the neighbourhood. Accessible healthcare is the demand of the people that no audacious government can dare to ignore. Development in the realm of stent prices and marketing code is an outcome of continuous struggle. It is no less an achievement of the people's movement, in the frontline of which FMRAI stands with unfailing commitment, along with other like-minded organisations and individuals. Since an ailing person chooses medicine not to his or her taste but the way one requires it, therefore so on behalf of him or her someone professionally qualified chooses this. This person is influenced by the pharmaceutical industry with

all its inducements, percussions and high-velocity campaign. In a twisted reality a doctor is made to pump up more and more profit for the corporations. Therefore, it is no wander that the corruption in pharmaceutical business in India has earned international disrepute. An Australian doctor, David Berger, who served as a volunteer physician in a charitable hospital in northern India, not only complained of 'widespread corruption in the pharmaceutical industry' in India ('Corruption ruins the doctor patient relationship in India', BMJ, May 08, 2014,)but also described a more sordid and appalling story of vice. He brought to light the pain and agony of a pharmaceutical employee who was treated most dishonorably in an extreme case of bribing and was forced to execute a dirty work, which, however, the person refused to comply with and finally ended up by losing his job. The article in a reputed medical journal showed the wound rudely and revealed the plight of the pharmaceutical employees in India in this connection. Linking field workers job with 'sales performance' and connecting them, albeit compulsively, with the unethical marketing practices, make their job retrograde and dishonorable and cause injury to the interest of the people.

The Cuttack GCM of FMRAI resolves once again to agitate vigorously for reversal of this repressive situation. Once again it is demanded that tripartite industrial committee be called and statutory working rules be framed forthwith. Any dillydally on the part of the government will attract the wrath of the angry mass of field workers. Vigorous fight against policy change will continue, till the demands are met. Thousands of field workers from across the country will March to Mumbai in November this year. The prosperous sanctuary of pharmaceutical industry will be overrun by the workers who are denied, deprived, exploited and haunted by the pharmaceutical giants since long. Breakneck war for market access of the Pharmaceutical companies has long been hosted on the arched back of the field workers. Large wealth has been amassed not only at the cost of the tear and toil of them but also by means of plunder of the people. There must be an end to all the atrocities. The mountain of load, under which an innocent field worker suffers every day, cannot remain perpetually. Private working rules that eat in to the bones must be disbanded. Universal healthcare is neither a mercy nor a favour but a duty and responsibility of a government. But, the ruling party and its' government is oblivious of the distress of the common people. They are overtly attentive to corporations both Indian and multinational. Strong movement of the people only can make this government act. The proposed punishment clause in the uniform code and reduction of stent prices are evidences to this fact. Massive mobilization only can make this government work in a becoming manner and this mobilization alone can ask this government to go, as need be, if it continues with its deliberate mischief.

(Editorial, FMRAI news, March 2017)

Organising resistance against theft of labour

In recent mobilization at Delhi it is revealed once again that field workers of the city, in number companies, are working even up to 14 hours a day. After whole day of field , preparatory and clerical work they attend companies' meeting till 9PM. This is not at Delhi alone; this is a picture in different parts of the country, especially in the cities.

In fact, sometimes a field worker is doing two days' work in a single day or two months' work in a single month. Two persons work is virtually done by one person. This amounts to not only robbing of labour but also robbing of job. The source of this exploitation is rooted in the fact that the work of a field worker is not quantified in hour of work.

The working hours of field workers are either not fixed with specific clocking or not enforced sufficiently. The value that the labour of a field worker generates in a day of his work is not measured by working hours but is measured in an unreasonable manner by 'call average', 'coverage', 'compliance', sales and 'productivity'. This system ensures relentless theft of field workers' labour. This May Day inspires us to take pledge for intensification of struggle for fixation and clocking of 8 hours (as statutory working hours) and against ruthless exploitation of field workers.This pledge fits to the situation in the contemporary world.

In contemporary world, Matsuri Takahashi wanted to sleep. She managed a job recently in Dentsu, the giant advertising company of Japan. Matsuri, 24 years of age, was sleep deprived .As per accounts of her mother and her friends she had the opportunity to sleep only for 10 hours a week. She used to over work and wanted to please her employer with a view to save her lovely job. Besides regular schedule of duties she had had to work 100 hours of overtime a month, including at weekends. She wanted to sleep like a tired horse. She needed some hours for her purely physical needs - eating, washing and clothing. She needed some hour for her family and her friends; there were social, moral, intellectual and psychological essentials. All these needs appeared ridiculous to her employer.

Therefore, Matsuri designed a plan to sleep forever. She threw herself from the top floor of Dentsu dormitory. 'Death by overwork' in Japan is very simple. Japanese language provides a small word to describe this situation ('Karoshi'). In Europe and America working people 'overwork to death' every year, but the English language doesn't have an acronym for 'overwork to death'. But, such deficiency in language does not deter capitalism to remain viable by forcing 'work to death' and ensure more productivity.

Capitalism is a viable system as long as theft of labour is optimum and till the time such theft of labour is efficient and artful. But, however, this viability is moth-eaten, fragile and hollow; it poses peril to the existence of human race. In India, one Chief Minister advises the government employees to work for 18 to 20 hours a day. Indian capitalists are unique hybrid of metropolitan and agrarian exploiters. They practice animal-worship and go digital. It is no wonder that Yogi and Modi will go to bat for this wealthy class. As devoted ambassadors of moribund Indian capitalists, they shamelessly advocate interminable working hours and make attempt to destroy all labour laws to confirm perpetual enslavement of the Indian working class. Like previous years, on 1st May 2017, millions of workers have dropped their tools, stopped for a while in thought and marched on the streets throughout the world. Workers take to street as a show of class unity and to throw a challenge to the wealthy class. May Day brings to the fore the possibility of a society more just, making an end to a social order, that is based on theft of labour. It is feasible, plausible and practicable. The task of the hour lies in organising united and quick resistance. This is a demanding task, not an empty talk. To carry out this demanding task workers must have to find out their own true identity as workers; must have to gather glory of their identity as workers. In all societies hitherto successful and prosperous were built on the back of the workers and by the strength of their untiring hands. This glory of identity of workers must predominate and supersede over all other petty identities. The working class in India must have to be conscious of their strength, of their force, as a class. The class identity of Indian workers cannot remain clouded or cloaked in caste, religion, race, language or gender for ever. The significance of 'unity' lies in the act of engagement in the battlefield against employer. Working class in India is fighting unitedly with its class demands and this new identity is emerging in their battlefield of resistance against neoliberalism. This May Day whispers at our ears that workers in India have many tasks to do

(Editorial, FMRAI news, May 2017)

Spare the ailing masses

Now the GST is round the corner .FMRAI demands Zero GST on all medicines and medical devices. When, GST is all set to be rolled out from 1st July, 2017, FMRAI raises a universal issue in the matter of medicine access. This indeed is not a new demand. Since long FMRAI is demanding abolition of all taxes in medicines. The Goods and Services Tax Council has decided that 12 per cent GST will be levied on most of the finished medicines (formulations), 5 per cent GST in a few other medicines (malaria, HIV-AIDS, tuberculosis, diabetes) and 18 per cent GST in bulk drugs (active pharmaceutical ingredients).GST on sanitary pads is fixed at 12 percent. Diagnostic reagents and equipment and items such as operation tables, beds, operating chairs, dental chairs will be levied at 18% GST. Besides, most of the medical devices have been put at 12% GST, The items such as Bindi, Sindoor, Bangles, and even Betel leaves, have been exempted from GST. Articles used in puja and other Hindu rituals are put at zero GST.

Such tax regime decided by the GST council is truly the mockery of 'development for all with all' ('Sab KaSath, Sab KaBikash'). Why the ailing people have to pay tax on account of their illness and why women have to pay for their monthly events? Supposedly to alleviate one's woes one can hold Puja without tax burn, but why he or she will not be able to get a cure by procuring a modern medicine without paying hefty tax? Looking at such an irregularity we find that the forthcoming tax regime is completely ridiculous. FMRAI opposes this and demands Zero GST on all medicines and medical devices. Reduction in tax will help reduce the prices of medicines and provide relief to the ailing people of this country. Reduction in tax is much relevant as taxes constitute good portion of price structure of any medicine sold in this country.

One hundred blood cancer specialists (CML specialists) from around the world came together, organized kind of public protest and expressed their views in 'Blood' (May, 2013), the journal of the American Society of Hematology and they compared the price of cancer medicines with the price bread during famine and lambasted the government and the pharmaceutical companies for aggressive escalation of prices of blood cancer medicines. Like the dishonest traders increase price of essential goods during famine, so the pharmaceutical giants charge very high price for a medicine to keep someone alive for few more days.

They termed it 'profiteering'. 'By moral necessity, price must reflect worth' stated they. They criticized the market economy,

'where prices reflect "what the market bears," or what one is willing to pay for a product'. 'Which doctrine is better? …just price should prevail because of the moral implications' they noted in their statement.

In India such profiteering in the realm of medicine business is rampant. In chronic ailments like Diabetes, High Blood pressure, Heart ailments etc., people spend thousands of rupees from their pocket to keep themselves agile and alive. In Europe and many developed countries, universal health coverage guard people from the nonstop economic oppression by the profiteering corporations. In India people spends over 80% from their pocket, while government plays deaf and dumb.

Let alone the universal health coverage, the Government of India spends very little either in healthcare or in medicine. Now they are chanting praise for the market economy, now they are blowing the balloon of privatization and shed all responsibilities in health need of the citizens and that in the matter of medicine access. But the relentless lip service continues. In the 'National Health Policy 2017' document, it has once again promised to 'increase health expenditure by Government as a percentage of GDP from the existing 1.15% to 2.5 % by 2025'.

But what is the exact picture?

In the sample period between January and June 2014, 243 people out of every 1,000 got medical treatment in government, whereas the rest 756 people visited private health facilities (Health in India, National sample survey 71st round). Be it big government hospitals in the metros, be it to Primary Health Centres in rural areas, all the government health facilities are crippled with deficiency of doctors and nurses and shortage of essential medicines.

But the government feigns, as if they are the champion of people's interest. They talk about reduction of medicine prices but they set up such a pricing policy that increases drug prices and they levy high taxes from medicines. They make a farce of 'reduction of drug prices' by promotion of generic name, by illegally and impractically forcing doctors to prescribe in generic name, when Indian market is virtually dominated by generics (though in brand name). When some patented medicines should have been made generic and made affordable (for example, Bedaquiline, the robust new drug patent, to curb the menace of drug resistant tuberculosis) to serve the health need of the people by applying the compulsory licensing provision of the patent act, the Modi government do the opposite and make mockery of generic by virtually not utilizing this provision of the patent act even in a single instance (except one). Since the introduction of patent right in India in 2005, only one compulsory license has been issued (Sorafenib, i.e, Nexavar). Following that and following tremendous pressure from the USA

and other industrialized countries and their MNCs ,Modi government has given 'private assurance' (kind of undertaking) to the US, in the US-India Business Council meeting, that the compulsory license provision will not ever be made effective or utilized.

Now with GST and other economic reforms, the Modi government is all dedicated to cater to the corporate in the pharmaceutical and other industries; it is all set to impact small and medium scale traders. Small chemists and sub-wholesalers will be worst affected. Under the GST regime, they will not be able to claim refund on the tax for expired products, as the 6 months period stipulated by the government is not enough. Registration in GST portal by depositing a minimum of Rs 25,000 caution money for procurement of the GST number will also be a burden to small traders. Other compliances, as required by the government, will also be very much impractical for them. It is also not yet clear what will be rate of GST in case of pharmaceutical products manufactured in tax free zone.Small manufactures may also get affected. Besides, National Pharmaceutical Pricing Authority (NPPA) will have to notify the revised prices including the GST factor, till that time transitional period will be disruptive for the pharmaceutical industry. Before that, FMRAI demands of Zero GST on all medicines and medical devices.

(Editorial, FMRAI news, June 2017)

A threat to health and medicine access

Newspaper report states that the friendship between 'Prime Minister, Narendra Modi and US President, Donald Trump was on full display' during recent Modi 's recent visit to USA (June, 2017) and 'the two leaders heaped praise on each other, voiced appreciation for each other's leadership and embraced more than once at the White House'.

How many times they embraced is not a matter of our enquiry, but how many concessions Mr. Modi has offered to US big business is a matter of alarm to the people in India. 'It is important that barriers be removed to the export of U.S. goods into your markets and that we reduce our trade deficit with your country' said Mr. Trump. In a vague response, Mr. Modi 'deeply appreciated' Mr. Trump's 'strong commitment' to 'bilateral relations'. On 23rd June, 2017, a day before Mr. Modi's visit to US, four American lawmakers, known as 'big four' (Richard Neal, Kevin Brady, Ron Wyden and Orrin Hatch), wrote letter to US President and complained that 'India continues to be a difficult place for American companies to do business'.'India's weak standards and insufficient enforcement remain an area of concern for US right holders, including with respect to pharmaceutical patents and in the area of copyright protection…,' states the letter. They denounced the recent price control on coronary stents and stated that 'according to some US producers, India's arbitrary system have forced them to sell certain products at a loss, in order to retain access to the Indian market'. The letter concludes with an appeal to Mr. Trump for intervention: 'we urge you to personally address India's significant and long-standing barriers to trade and investment during your meetings with Prime Minister Modi'. Previously, on 22nd May, 2017,18 other members of US congress, in a letter addressed to Indian ambassador in Washington, articulated their displeasure about 'price caps on stents' in India and stated that 'the sudden and unprecedented nature of the decision threatens citizens' access to the newest and most innovative medical technologies and raises strong concerns about the business environment in India '(Reuters,19th June, 2017) The joint statement on 26th June 2017 during Modi's visit stated that the two countries 'resolved to pursue increased commercial engagement in a manner that advances the principles of free and fair trade'.The joint statement further stated that 'The United States and India plan to undertake a comprehensive review of trade relations with the goal of expediting regulatory processes; ensuring that technology and innovation are appropriately fostered, valued, and

protected; and increasing market access in areas such as agriculture , information technology, and manufactured goods and services'. What does this 'free and fair trade' means? It means abolition of all regulatory control and free market access for US. To give value to technology and innovation means senseless patent right and complete guarantee of monopoly of MNCs. The joint statement signifies total surrender by Modi government, not only in pharmaceutical but also in many other areas. A draft executive order on drug prices by Trump administration (NY times, June 20, 2017) seeks to push for extending the life of patents in foreign countries like India. In a vulgar exposition of jingoism the document stated that, 'American consumers do not unfairly subsidize research and development for people throughout the globe'. It means whatever patented in USA has to be patent-protected forever in countries like India and there will be no competition.

Indian law has strict patent criteria that prohibit patent holders from extending their monopolies. Besides, Indian patent law allows revocation of patent and grants generics version through 'compulsory licensing' on the ground of 'reasonable' requirement of public health. The generic medicines produced in Indi a are the most important source of low cost drugs in the world, especially the developing countries.

Doctors without Borders(MSF) that 'relies on affordable generic medicines produced in India to run its medical programs in more than 60 countries', in a statement during the time of Modi's recent visit to US 'warned that U.S. pressure on India to change its drug regulatory and patent system'. The statement further mentions that 'in the past, the U.S. government, influenced by pharmaceutical corporations, has successfully pressured India not to issue any compulsory licenses to make affordable versions of patented medicines available. There will now be renewed pressure by the U.S. government on India to make more and more concessions, such as extending the term ofa patent beyond 20 years and lowering the standards for granting patents'.

India under Modi has already has given 'private assurance' in US India business council that no further compulsory license will be issued and no patent will be revoked and no generic version be allowed even if the Indian law keeps provision for this. Back home in India, Modi's vociferous claim about his government ensuring affordable medicines in country has been proved to be baseless. His irrational, unlawful, unsubstantiated and vague instruction to doctors to prescribe medicines in 'Generic' name is again a deceitful design. Brand or no brand, Indian pharmaceutical market at home is still dominated by Generic even 12 years after the change in patent act in 2005(allowing product patent) in line with the TRIPS agreement. Unlike in US and other industrialized countries large

majority of 'brands' here represents 'generic'. Indian generics remain truly 'generic' in whatever name they are called or whatever name they may be prescribed. The main content of 'generic' is reflected in 'competition' and retained in the form of 'free accesses' since introduction of sovereign Patent Act in 1970 in India.

Modi government wants to do away with medicine brands, only with a view to protect the interest of the industrialized countries like USA, UK and others and not for the interest of the Indian people. This government is committed to give patent protection to the MNCs further and more. Had Modi government been serious about 'affordable generics', it would have revoked some patents and allowed some companies to manufacture and sell them in competitive prices, exempted all taxes on medicines for the interest of the ailing people. Modi's recent visit to US is worth being perceived as a threat to the cause of health and medicine access of Indian public. We do not know if there has been any further 'private assurance' with regards to patent protection or about further dilution of price control. If this be so, it will be yet another betrayal and the Good Samaritan of the country cannot afford to remain silent. FMRAI, however, refuses to remain as a silent onlooker. FMRAI will continue to expose the anti-people policies of this government and continue to organize the field workers and the people for reversal of these retrograde policies.

(Editorial, FMRAI news, July 2017)

Necessity of intervention is not over yet

The policy level movement of FMRAI witnesses two developments in the month of August, 2017. The first and the most significant one is the meeting of the industrial tripartite committee held on 8th August, 2017 at Delhi. This meeting has made very significant outcome with far-reaching and inspiring consequences. The second one is the meeting convened on 30th August, 2017 by the department of pharmaceuticals for discussion on the Draft pharmaceutical policy 2017. This meeting has not made any noteworthy outcome as yet. However, this meeting too was also important in the context of medicine access of the people and the future course of the pharmaceutical industry. In careful reading it reveals that the said Draft Policy is not a diligently drafted document. It contains erroneous figures, unsubstantiated comments and unreasonable statements. This document is essentially anti-people and overtly misguided. The draft proposes to cripple National Pharmaceutical Pricing Authority (NPPA) by snatching all the power vested on it and also by undoing its autonomy. The 1978 drug policy and subsequent price control order (1979) executed price control on the basis of production cost and brought 80% of all medicines under price control. The defective policy of market based pricing, initially, brought 17% of medicines under price regulation, that too with high ceiling price which failed to reduce drug prices, of the controlled drugs, to any remarkable extent. Subsequently, through intervention of NPPA, more number of medicines was brought under price control and 20% of medicines were price controlled. Coronary stents too were brought under price control. So the crafty draft policy makes such proposals so that NPPA fails to function. The draft desires to disband NPPA, that too, in a clandestine manner, camouflaging the true intention in the name of strengthening it.

The patented drugs will remain outside price control (except some extremely extraordinary cases as may be allowed by the government) but generic (off-patent) drugs will be price-controlled. 'Giving brand names to generic drugs hampers innovation and shall be discouraged' announces the said draft. This surprising conclusion is different from Indian experience where all generic medicines were sold as brand till 2005 (following amendment of patent act, 1970) and such existence of multiple brands instead of hampering innovation encouraged innovation of new and novel processes of pharmaceutical manufacturing. The draft suggests promotion of generic and demolition of brands. It is once again a wild inference that promotion of generic in Indian context requires demolition of

brands. FMRAI in the said meeting demanded that the multiplicity of brands should be maintained especially in the context of combating the atrocity of patent monopoly. Promotion of generics in India needs regular and relevant use of Compulsory Licensing (CL) provision of amended patent act. Innovations essential to the health need of the people should be made available in India through local production by Indian companies. The first new TB medicines in nearly 50 years, Bedaquiline and Delamanid, are not reaching the people who require the medicines the most .These medicines are urgently required by large number of ailing people in India who are suffering from multi drug resistant TB. Recently Indian patent office has granted patent to US MNC Pfizer for their pneumococcal conjugate vaccine (marketed in the brand name of Prevnar13) that safeguards, adult and children alike, from 13 types of pneumonia. This vaccine should be made available through indigenous production by suitable use of compulsory licensing. If government genuinely wants to promote generics then the aforesaid medicines should be made available as branded generics in the Indian context without any further waste of time. The document complains about generic drugs having 'widely varying prices for the same drug'. In a rare reflection of wisdom the document states that 'some marketing practices deployed by the pharmaceutical manufacturing companies create doubts and negative perceptions about the truthfulness of the drug prices'. What FMRAI is pointing out over and over again, in a period of half a century, is now discovered suddenly by the department of pharmaceuticals in the context of generic brands. As if there is no issue of 'truthfulness of the drug prices' in case of patented drugs. In fact, patented drugs, which are sold at exorbitantly high prices (in absence of competition), have much larger issues about prices across the world. How then the document is convinced about the 'truthfulness' of prices of the patented drugs? Having a single brand or having a single price is no guarantee for fair price. On the contrary, monopoly gives rise to predatory prices and competition checks it. This Indian experience, instead of being admitted, is denied in this document. But, it is well-known to the government that the anarchy of multiplicity of pricing and atrocious prices can be curbed by devising appropriate price control based on cost of production. Even if the government authorities know the truth quite well, the document still demonstrates a feigned innocence as if demolition of brands will bring some solution. In the aforesaid meeting FMRAI demanded implementation of zero GST on medicines, immediate expansion of ambit of price control and opposed the proposed policy shift from 'price control' to 'price monitoring' regime envisaged in the document. FMRAI demanded once again the uniform marketing code (UCPMP) be made statutory with stringent punishment and drug PSUs be revitalized.

The document about reduction in production capabilities in respect of bulk drugs (active pharmaceutical ingredients; API) and reduction in export and grave dependence on import.

The document admits that currently 'more than 60% of APIs are sourced from other countries and in some specific APIs the dependence is 80 to 90%'.The document also admits that the liberalization of FDI in pharmaceutical sector has not attracted investment in green field sector (Para 3.6) and has not increased the indigenous production capability or the desired transfer of technology. The document, even if admits the past role of drug PSUs, denies and dismisses its role in present and contemporary India. This position is contrary to the declarations and statement made, elsewhere in this document, about protecting the interest of the people. The purpose of medicine access for all, including Jana Oushadhi , National rural health mission, disease eradication programmes , will remain as false promises forever , if the drug PSUs are not revitalized and if disease - pattern - oriented production not resumed by drug PSUs. Presence of efficient PSU in the nation also guards the nation from the predatory pricing of private entities and protects from MNC blackmailing (which many nations have experienced in the past and are still experiencing). Reckless pursuit to globalization, import liberalization, liberalization of FDI, reduction of customs duty on imported bulk drugs (by the successive governments in the country) has created this situation. Such situation cannot be reversed without policy reversal. FMRAI demands that the 'ease of doing business' in India should not undermine the 'ease of living' of the common man. The policy level movement upholds this position in relation to demands of the people and that of the field workers. For change in policy FMRAI continues to build up propaganda and agitation. Necessity of intervention is not over yet. Further broadening and heightening of the movement will enable further interventions

(Editorial, FMRAI news, September 2017)

We are many, they are few

The long cherished vision of recording 1 lakh membership in a year as accomplished on 30 December 2017. We bid farewell to the year 2017 by making our organization bigger. The robust New Year 2018 comes with the pride of number: 100,000. In fact, the pride is not actually in number; rather it is essentially the pride of earning confidence of hundreds and thousands of field workers in state after states, in city after cities, and town after towns across this vast nation. The pride, in fact, is the pride of remaining attractive to the mass of fieldworkers. Remaining loyal to the interest of the field workers and earning the faith of enormous number of field workers is a matter of genuine pride. At a time of aggressive onslaught, in the face of united hostility of the employers and the government, in the hour of hostile union-busting and de-unionization, FMRAI is expanding, growing and getting bigger.

FMRAI is growing in an inhospitable atmosphere. This essential feature of growth of organization in FMRAI, neither friends nor adversaries, can ignore or overlook. One may argue that the organization is not number alone. True, but, what is organization if there is not enough number? In many instances, lone individual protests against injustice. This is the starting point. When many individuals come together, it takes the shape of a movement. When the number increases further, the nature and character of the movements get transformed, correspondingly. Without number, resistance against torture and injustice is impossible. Number changes the quality and character of a movement. Be it choosing a new government, be it establishment of trade union rights, the number matters. In all expression of democracy, number matters. When the management attacks on trade union right or right of collective bargaining, then it tries to do so by causing erosion in number. Someone may still argue that FMRAI had never been number alone. True again. FMRAI has never been a summary of lifeless digits or dead numbers. The glory of FMRAI, from its very inception, is not its enormous size but the enormous desire for building up resistance against senseless exploitation. Even if one lakh is not a big number, as such, it is however a significant number in the organized working class movement in the country. But the true glory of FMRAI is encrypted in its national character, in its territorial presence in over 400 cities and towns in all states and union territories in the entire country. FMRAI is already present at every nook and corner of this nation. Now, 1 lakh membership imparts it strength, further and more. Membership figures become lively figures when it shows that FMRAI is spreading both geographically and numerically.

FMRAI membership has increased in all the state units in the

year 2017. There has been intense activity for procurement of membership in all subunits across the country. There have been planned efforts for procurement of membership from the identified companies in the pharmaceutical industry. There has been campaign for procurement of membership from 39 different industries and from among women field workers. The motto is: the companies where employment is large, the presence of union has to be large as well. If the company has organized marketing network, there has to be organized presence of FMRAI as well.

Achievement of rights is the goal immediate and protection of rights and gains is a goal perennial. Membership is the first step towards this: towards unionization and achievement of rights.The entire organization from top to bottom has been involved in conducting glorious struggle in the year 2017. Members, activists and leaders at all level of organization have contributed in heightening the movement at the call of FMRAI. Such heightening of the field workers, movement has scored some significant successes in the year 2017. As a logical outcome, FMRAI has leapfrogged in the area of organization too.

The indefatigable spirit of struggle in FMRAI attracts the new mass of field workers. The enormous engagement of members of FMRAI, in defense of the life and livelihood of the fellow field workers (and that of the common people) attracts even the most innocent section among the field workers. FMRAI aspires to remain a militant organization of the field workers, but it keeps door open for all field workers across their faith and their belief. It is not that everyone who joins FMRAI is militant worker or is trained in ideology. It is the other way round. Field workers join FMRAI and rise up from their slumber. FMRAI speaks the language of struggle and this struggle in the face of atrocity bespeaks the hope and optimisms for those who are insulted, humiliated and tortured. This is what the common mass of field workers find very attractive. Dreams, which are pursued through actual work, survive. Such dreams may be deferred for some time but it is never abandoned. Our dreams for bigger and stronger organization are one of such dream that has survived and shall still survive overtime. One lakh is not an end it itself. A significant milestone is touched in a long journey. We have to move further and move faster. Both the scope and the hope exist.

(Editorial, FMRAI news, January 2018)

Struggle for remunerative wage in the days of price rise

Small brand becomes dominant, value of the brand swells up day by day. Industrial (and also industrious) activity of sales promotion does it. But, the person who promotes these brands suddenly finds in one day that today's wage has lost the power that it had yesterday. The wage has lost its actual value. These two events happen side by side, usually, clandestinely. The brand attains enormous size by soaking the blood and sweat of the field workers. The more the brand becomes popular, the more it attracts the revenue. The serious business of sales promotion increases its market value (i.e., exchange value) even when it's actual use value does not alter. But the wages of the field workers gets de-valued and gets withered away even when they engage more and more labour.

Why? The question 'why' is worth being asked

The Price of essential commodity increasing, fuel prices, more correctly, energy prices (including petrol, diesel, gasoline, electricity) are increasing at a stupendous rapidity. Since this Modi regime came to power, there have been 11 instances of prices increase since November, 2014. When there has been sharp reduction (50 to 70%) in crude oil prices in the international market, the Modi government has increased petrol-diesel prices, time and again, imposing hefty taxes. Petrol-Diesel has not been brought under GST with a view to ensure the freedom of loot. These prices are escalating every now and then. On the eve of 69th Republic day, the price of petrol, per litre, shoot to unprecedented height (25th January, 2018) of Rs. 72.49 at Delhi, Rs. 75.19 at Kolkata, Rs. 80.39 at Mumbai, and Rs. 75.18 at Chennai. The price of petrol per litre in neighbouring countries like Pakistan, Sri Lanka and Bangladesh, nearly at the same time, is Rs. 47.15, Rs 52.89, and Rs. 67.54, respectively. Now, every 100 Rupees of one's wage provide less quantity of petrol or diesel and it prevents the person from going far or any further. Every 500 Rupees of wage provide less quantity of wheat, rice, dal, milk, fish, meat, vegetables. Every 2000 Rupees of wage purchase less number of school bags or less number of text books or some less complete courses of medicines. Evidently, in the context of price rise, the purchasing power of one's money, as earned through hard work, rapidly fades away. The wages shrinks and work, all on a sudden, becomes less valued. It is not the bad breath of some invisible monster that reduces the worth of wages .The price rise is the monster visible. During nonstop price rise money wages may increase but real wages drops. The price rise is the double-mouth dragon that eats out the real wage of the field workers. Once affected by rise in prices of all consumables

and once again affected by the rise in petrol and diesel prices, as they travel extensively. In keeping with the fierce laws of liberalisation, prices (like oil prices) are not administered these days. On the contrary, government earns huge revenue by levying heavy indirect taxes on common items of consumption like petrol-diesel etc. These indirect taxes are paid by uncountable number of common man including the poorest of the poor. Direct taxes like corporate tax, wealth tax, estate duty etc. are paid by the big corporation, business houses or wealthy individuals. Income tax too is direct tax levied on individuals. Modi government is giving huge relief and exemption in such direct taxes but collecting high amount of indirect taxes from the common man. In effect, prices rise sky high and wages shrinks without much knowledge or noise. The tax component (indirect tax) in petrol price was 33% in May 2014 and this tax part became 58% in petrol price in July 2017. The excise duty which was being levied on petrol was Rs. 9.20 per litre in November 2014 stands at Rs.19.48 per litre in January 2018. Not excise duty alone, VAT and cess is also levied on each litre of Petrol. This predatory taxation adds fuel to fire and price of all commodities jumps up in cascading effect. Governments earn huge revenue and ministers run many miles and they use this huge fund to subsidize the rich men. The petro products alone account for 50-55% of the total excise duty collection by the Centre. Fuel prices exemplify organized intuitional loot in India.

Large number of Medical and Sales Representatives, employed in pharmaceutical and different other industries, across the country, draw their wage without price rise compensation (except in few companies where wages are settled through collective bargaining). These field workers do not get dearness allowances (neither Variable dearness allowances, VDA nor Fixed Dearness Allowances, FDA) linked to All India Consumer Price Indices (AICPI). The actual wage of this section of field workers goes on contracting and devouring price rise is never compensated.

The buying power of wages drop and actual remuneration dwindles. But employers refuse to adjust wages periodically to the tune of price rise. Let alone the price rise compensation, employers refuse to revise the wages at all, especially in the name of productivity. They deny legitimate yearly increment. The presence of large army of unemployed round the corner and Modi government's guarantee for labour reform and 'hire and fire', creates a situation less bargainable for all section of workers. This keeps all wage revisions at bay. The concept of 'equal wage for equal work' as upheld by Supreme Court becomes out of fashion in Modi regime. The concept of 'equal wage' becomes redundant when the wages are extremely low and when wages are not revised periodically or not linked to price rise. One inequality report (World Inequality Report

2018, Oxfam) may state that richest 1% of Indian population cornered 73 % of wealth created in the last year, but such revelation of truth does not titillate the conscience of the Indian elites. The same report (prepared in 'World inequality lab' with involvement of renowned economist Thomas Piketty) also states that 67 Crore of Indians, who constitute poorest half of the population, got 1% increase in their wealth and wealth of 1% wealthy Indians increased by Rs 20,913 billion in a single year .This report, however, will not help the Indian rulers to make up their minds to take up the issues of its own poor citizens.

Eroded wage and widened poverty in population contract the market. The field workers, the frontline in marketing, are readily affected. Every quantum of their overwork, every pound of flesh of field workers, does not produce enough result as the market remains contracted and thereby, conservative. In addition to other factors, this situation increases the work load of the field workers. When the rulers abandon the path of economic pluralism and their false promises (about diffusion of economic benefits) get exposed, it is the working people who first recognize this. Then, the struggle for higher wages or struggle for remunerative wages at one flashpoint does not remain a solitary fight any longer. Rather, the struggle for wages, struggle against price rise, struggle for livelihood of the farmers, struggle for affordable healthcare or struggle against inequality becomes integral fight against economic fundamentalism. In fact, all these struggles organized at different locations of the same battlefield takes shape of a singular struggle. The situation may appear grim, but the situation, actually, is ripe enough for acceleration of struggle at every locations and fronts. The possibility of aggregation of all these struggles, at every location, against various forms of fundamentalism, economic, religious or social, exits, if only consciousness of the class and the mass is aroused and the viable organization exists.

Field workers movement in the country seeks to halt the process to restructuring and aspires to reverse the ongoing process of restructuring. Intensification of the struggles of the field workers across the companies, across the industries and at every nook and corner of the country can make it possible. The wild animal of neo-liberal capitalism is on the prowl for its prey. We have to brave it out! We have to brave it and save this country and the life and livelihood of ours.

(Editorial, FMRAI news, February 2018)

Who is cooking food for the looters?

A silent earthquake has recently been organized by Modi Government on behalf of the richer classes in India. A notification of the central government, dated 16th March, 2018, does the same thing to the workers as an earthquake does to our houses, near and far. This notification on 'fixed term employment' was proposed during the budget speech of the finance minister and then has been introduced without essential consultation with the trade unions. This is a staged earthquake. Through this notification, workers are being treated as seasonal crop that can be uprooted or cut and, then consumed at the end of the season. With new season, the ground will be prepared for another harvest. With a view to please the investors, job of the workers has been cut to pieces and life and livelihood of all impending workforce has been potentially vandalized. Job insecurity has been legalized and slavery socialized. How the new notification will make 'hire-and-fire' easy and prevail over the existing requirements for dismissal? Let's look at it a bit closely and dispassionately.

Firstly, the fixed term workers will not be entitled to any notice or pay in lieu of that, if his services are terminated or in case of non-renewal of contract or on expiry of his/her term of employment. No notice of termination of employment shall be necessary in case of temporary workmen (whether monthly rated, weekly rated or piece rated and probationers or 'badli' workmen). A temporary workmen who has completed three months of continuous service, shall be given two weeks' notice of the intention to terminate his employment if such termination is not in accordance with the terms of the contract. In case he or she has not completed three months of continuous service, he or she shall be informed for the reasons for termination in writing. Through this notification Industrial Employment (Standing Orders) Central Rules, 1946 has been so amended that such dismissal will be called as 'separation from service' and it shall not be construed as termination of employment.

Secondly, the fixed term worker can be employed for a period of two months, six months, 2 years or 4 years and as per the need of the employers. These workmen will be entitled to all benefits like wages, hours of work, allowances and others statutory benefits, not less than permanent workmen. The posts of the permanent workmen will not be converted into fixed term employment, as on the date of the notification. As and when the permanent worker will retire, the permanent category will vanish.

Thirdly, the fixed term worker shall be eligible for all statutory benefits' even if his period of employment does not extend to the

qualifying period of employment required in the statute'. This area is however deceitful if not a grey area. Gratuity will probably not be offered if the tenure of employment is below 5 years. Besides, all statutory benefits will be taken away bit by bit. It is just the beginning. This new section of workmen will be atypical workmen and not standard or typical workman. The thin line that exists today between the employed, half-employed and unemployed will soon evaporate. This amounts to legitimizing contract labour and against the letter and spirit of Contract Labour Abolition and Regulation Act, 1970.

It is a cunning trick by the government. Contract labour is a category where workers are employed on a temporary basis. Before this notification, contract labour is conditionally allowed and regulated under the aforementioned act. The act actually intends to abolish contract labour and in the body of the act itself, declares its intention 'to regulate the employment of contract labour in certain establishments and to provide for its abolition in certain circumstances and for matters connected therewith'. This act prohibits contract labour, through exercise of power of appropriate authority, in industry, trade, business, manufacture or occupation of perennial nature and prevents replacement of regular workers through contractual workers. New notification makes redundant the Contract Labour Abolition and Regulation Act, 1970 and all categories of workers are converted to contract workers. It is done through abuse of Industrial Employment Standing Order Act which is applicable in perennial, regular and general category of employment. It makes all jobs temporary and converts all industrial activities as temporary industrial activities.

The morbid capitalism has its field day in the country. The civil society, the intellectuals, the media, gives consents, more or less, to all the recent attacks and atrocities upon the workers. Barbarism has got new lease of life in the country either in the name of religion or in the name of 'ease of doing businesses'. Hundreds and thousands of skilled, semi-skilled and unskilled workers are gathering in the labour market for selling their labour in India every day and only a few of them are lucky enough to find buyer for their earnest labour. The village economy is shattered and saying goodbye to their agricultural implements; small farmers; agricultural labourers and villager are leaving their village home, and joining this army of job-seekers and causing ground-swell in the labour market.

He, who sells his property under distress, sells it always at lowest of the cost and at poorer terms and conditions. The workers in India, at this juncture, are asked to sell their labour at lowest of rates and at poorest of terms and conditions.

The Modi government is merely the broker that is settling the terms and conditions for selling the labour on behalf of the employers and the exploiters. Therefore, at the instance of a broker, as trusted

as the Modi government, the service condition of all section of workers is becoming all the more retrograde and hire and fire has been brazenly introduced. With all the finer words and all the technical cloak of legality all section of workers are made to become contractual workers. Now termination is no longer an 'executive prerogative' which needs to be processed, enacted or enforced. Now dismissal from service is automatic, in-built and regular. The workers have no other alternative but to take to the streets as they refuse to accept the cow-dung cakes offered by corrupted rulers.

Left or right, all section of workers have already come out of their workplaces, of their expectations and illusions and have raised voice for immediate reversal of all retrograde labour reforms including the present one. It is industrial workers and agricultural labourers, who have actually built this vast nation with their blood and sweat. This nation has not been built through cunning lectures and falsified gestures. When these common people are attacked the nation is attacked. Middle classes too are restless and they are about to make up their minds. The long march of the poor peasants in Maharashtra has created enormous enthusiasm not only among the poor or among the distressed masses but also among the citizens who had hitherto remained silent all along. Now the time has come when the new nationhood has to be defined by the people who toil in the sweatshops.

We come to know that, the blisters that grew in the foot of the marching peasants during their long and relentless walk, made a painful and explosive of combination of dust, blood and sera (body fluid). This extraordinary cocktail that the foot soldiers grew in their foot could not prevent them a bit, but, on the contrary, gave rise to a robust new slogan:

Maherbani Nakko, Haq Havet. Give us rights, not mercy.

We fall for this slogan till the time we defeat the brutes and the looters

(Editorial, FMRAI news, April 2018)

The rightist union and the Supreme Court invokes Shakespeare

Leave alone the left union; let us see how a rightist union, affiliated to RSS and BJP, looks at the notification on fixed term employment. Shobha Warrier in an interview (rediff.com) with BMS President Saji Narayanan C K, mentioned the government's argument that this notification 'has been done for ease of doing businesses, In reply he said that 'hire and fire will result only in ease of closing business, not ease of doing business. If you look at a study done in Germany on fixed-term employment, the study concluded that it had increased unemployment and helped the employer close his business easily'. He further stated 'it is not labour reform; it is Shylockian reform! It is done only to extract the blood and flesh of labour'.

It is not purely incidental that the Supreme Court (Justices Madan B. Lokur and Deepak Gupta) in another context of 'welfare of construction workers' invoked Shakespeare and criticized the Indian ruling classes: 'total lack of concern and apathy on the part of the powers that be in doing anything substantial for the benefit of construction workers puts a Shakespearean tragedy to shame' (The Hindu, 19th March, 2018). By using two acts, the Building and Other Construction Workers (Regulation of Employment and Conditions of Service) Act,1996 and the Building and Other Construction Workers' Welfare Cess Act, 1996, collected enormous amount of money for the purpose of health care, safety and improvement of service conditions of hundreds of distressed construction workers, too many among them are women workers and many among them are nursing mothers or have small children to look after and many among them, both men and women , are migrated across the states and work as contractual labour and are severely exploited and tortured in an inhuman living condition . Government collected, over 22 years, Rs 37,400 crore, in the form of cess, swearing in the name of labour but Rs. 9,500 crore was actually utilized and the rest of the amount amounting Rs. 28,000 lies in the government's coffer. In 2015, the apex court also observed that it was "ridiculous" that the spent amount of money was going to "some babus" (The Hindu, 2nd Feb, 2018) "What is being done with the remaining about Rs. 28,000 crore? Why it is that construction worker across the country are being denied the benefit of this enormous amount?" the Supreme Court asked. In reply to its own question the Supreme Court concluded that the 'answers blow in the wind".

(Article, FMRAI news, April 2018)

Prime minister's remark in London: an antithesis

Recently in a public conversation in London, Mr. Modi, the PM, alleged that the Indian doctors are taking unusual favour from the pharmaceutical companies, and in lieu of that, prescribing costly medicines. He mocked at the doctors, put them on the dock and suggested taking bribes. Here, in this occasion, Mr. Modi also claimed that his government has reduced drug prices by promoting generics. This conversation of his, in Westminster, London, has sparked off fresh discussion on unethical marketing of medicines and drug prices. Since FMRAI is consistently engaged in agitation and campaign in these issues, it is necessary to examine the facts in the background of claim made by our PM. The Modi Sarkar, soon after coming to power at centre, prepared a document named 'The Uniform Code of Pharmaceutical Marketing Practices (UCPMP)' in December, 2014. This alleged 'code' was a 'voluntary code' which relied upon the 'self-control' instinct of the pharmaceutical industry. It was promised by the government that the 'code' will remain 'voluntary' for a period six months (starting from January 1, 2015), after which the code will be made 'mandatory'. Evidently, the 'code' did not have teeth as it was not mandatory. It contained bunch of good advises and sermons. But, there was neither provision for enforcement nor any provision of punishment for violators. In a series of submission and in the course of several discussions with the officials of the government, FMRAI demanded promulgation of appropriate law with stringent penal provision. But the government failed to act meaningfully. The 'voluntary code', was promised to be replaced with a 'statutory code' after six months, but the government extended the life of the 'voluntary code' over and over again and in June 2016, this 'code' was extended for indefinite time. It is learnt that Department of Pharmaceutical prepared a draft named 'Essential commodities (control of unethical practices in marketing of drugs) order' in view of making a 'mandatory code' but Law Ministry has rejected this draft. Now, it is under consideration of NITI Aayog. Then what action did the Modi Sarkar take to curb unethical marketing? The entire courses of events show that the government is either not serious or under obligation of 'ease of doing business'. In his recent remark in London, Mr. Modi painted a dark picture of the medical fraternity in India but left alone the main culprits, the pharmaceutical companies. Instead of lambasting the source of unfair means (the companies) Mr. Modi, talked indulgently about them and described his experience of 'negotiation' with these pharmaceutical companies. Mr. Modi also argued that the replacement of 'branded drugs' with 'generic' ones, at the command of his government, is reducing drug prices in India.

His claim about prices is far from truth and his argument about 'generic' does not hold water. The 'generic' he is talking about is known as 'branded generic' in India. This is a unique term coined in the Indian context that evolved out of peculiarity and particularity of pharmaceutical market in India. Let us look at this a bit more closely.

The 'generic' and 'brand' that Mr. Modi is talking about is nothing new. It existed since enactment of Indian patent act, 1970. Majority of medicines which are in abundant use in India even today, after 13 years of reintroduction of patent right in drugs, are still generic drugs and they are known as brands. Prices of all categories of medicines (including brands) were somewhat regulated with price control mechanism in earlier times. But, this price control system has been immensely diluted by a new 'market-based price control policy' replacing the 'production-cost-based price control policy' which was both time-tested and effective. Through the new policy, the price control system has been reduced to mere formality and medicines prices are increasing leaps and bounds. In Indian context, if prices are strictly controlled, prices of the 'brands' do not increase of its own accord. The brand name of a drug does not increase its price as such. On the other hand, the price of a patented drug is bound to be exorbitant and increases every now and then at the whim and fancy of the patent holder, as it enjoys monopoly. Such monopoly power (in manufacturing, distribution and sale) of a patented medicine makes all price control system practically redundant. If governments try to enforce price control upon such patented drug, the patent holder withdraws the drug from the market causing immense distress to the people who need it. Therefore, in Indian situation, a 'patent' cannot be treated at par with the 'brand' (whereas it can be treated at par in other countries).

So the actual antithesis in India is not between 'brand' and 'generic' but between 'patent' and 'generic'. Mr. Modi is promoting fake 'generic', because he wants to make a level-playing field for the patents in India. These 'brands', against which Mr. Modi is employing his skill of lecture, are, in reality, nothing but 'generics'. In today's context, these Indian 'brands' are putting up major resistance to the patent holders in grabbing the market share in every therapeutic segment. These 'brands' are offering great competition to the patented drugs as these drugs are trusted by the doctors in India and therefore rob the night's sleep of the monopolist MNCs. If Mr. Modi is really interested in promotion of generic then he should revoke the patents of the essential drugs (patented since 2005) and make them available as affordable 'generic'. For example, bedaquiline and delamanid, two drugs essentially needed for extreme tuberculosis (multi-drug resistant TB) has been patented in India and are either unavailable or available

at very high prices. For the purpose of saving the life of a large number of populations, these patented drugs should be converted into generic. If Mr. Modi is truly devoted to generic, then he should prove his devotion and act without delay. Government should make these drugs available through local production by multiple manufacturers and make these drugs accessible at affordable prices.

Therefore, considering the 'peculiarity and particularity' we are inclined to conclude that Mr. Modi's affection for generic is virtually affection for patent and their holders, the MNCs. His surgical strike against the 'competitive' Indian 'brands' virtually amounts to batting in favour of patents (which are 'monopoly brands').The imposition of 12 to 18 percent GST on majority essential medicine and medical devices also is another clear pointer of the intentions of this government. If the intentions of reducing price were sincere, then the government would have acceded to FMRAI's demand of zero GST and the prices of medicines and medical devices would have reduced substantially.

In this perspective, the 'remark' of Mr. Modi in London is nothing but hollow propaganda and it has nothing to do with rampant corruption in marketing nor is it distantly related to the reduction of drug prices. For the interest of the common people in India multiplicity of brand has to be protected as far as possible. Besides that, price control has to be made robust keeping due check on the prices of the indigenous 'branded' drugs. For the purpose of availability and affordability, competition should be encouraged, PSUs be revamped and small and medium scale drug manufacturers should be encouraged. For the interest of the ailing masses, revocation of un-worked patent (idle patent) and revocation of patent on the ground of reasonable availability and affordability has to be quickly executed by proficient use of compulsory licensing of the Indian Patent Act (as amended).Unethical marketing has to be stopped forthwith with promulgation of appropriate law and through efficient use of executive power of the government.

An elected government is expected to oversee the interest of the people. If this be so, the senseless pursuit of profit or pursuit of profit through indecent means has to be curbed. We know, Mr. Modi cries a bucket for the common people, at the drop of a hat, in every public lecture. But, his government is engaged only in greasing the profiteering machines of the big corporations. His government allows them complete liberty to loot the people against which spontaneous protests are already erupting across the country. Should the masses be still ignored? Should the doctors be made scapegoat? Should Mr. Modi and his government talk one thing and do another? Mr. Modi, should speak out.

(Editorial, FMRAI news, May 2018)

Turning virtue to vice, Internet as an instrument of torture

In more and more number of companies the hand-written daily reports are the memories of yesterday. Now the daily work reports are mostly prepared on devices and sent through internet. What such e-reporting attempts to do? Firstly, it gives the employers the exclusive access to voluminous amount of information very quickly. Secondly, it brings control, mostly illegitimate and arbitrary, on the work and employment of the field workers. Thirdly, it is used as an instrument for dumping ever increasing work load with newer and newer work system and procedures. Fourthly, it acts as an instrument of torture, unjust punishment and arbitrary victimization including unlawful suspension of work and dismissal. Fifthly, it violates informational rights (data rights) of the field workers. And sixthly, it violates inviolable fundamental right to privacy.

Control is carried out, through use of apps and devices, mostly by force, under threat of job. Some employers are attempting to shift from 'day by day reporting' (daily reports) to 'minute by minute reporting' ('prescription reporting', 'campaign reporting' being live online through apps). The purpose is live scanning and imaging of all the activities of a field worker in minute details. The scope of improvisation and 'a freedom of sort' at workplace, which so far has characterized the work of a field worker, has now vanished. This shadowing is done with least of cost. By shadowing the field workers they also shadow the customers (doctor, retailer, and wholesaler). In many instances field workers are made to generate a heap of false data by putting some imaginary figures ('Granular Sales Plan'). Thus, field workers are made to engage with quite a lot of fantasy figures and some absurd sales obligations. Besides making party to such fabrication of facts, these electronic devices and apps bring home some new burden of illegal work and increase workload immensely. Blocking of reporting site and conditional access to reporting system, for the field workers is means of control and instruments of torture. Reports are 'statement of work done'. Not allowing submission of reports amounts to arbitrary deprivation of personal liberty which is against the mandate of Indian constitution. Not allowing recording the completed field activities amounts to virtual hooliganism. It is equal to a situation where the goons throw out a worker out of the factory and stop him from signing his attendance. Round the clock surveillance through internet is another illegal means of bringing illegitimate control. The field workers are asked to remain online round the clock and they are followed at every step even across their private life. The ghost of surveillance overwhelms the field worker and his customers and robs them of

their fundamental right to life, liberty and privacy.

The informational rights (or data rights) of the field workers are also violated. International norms (especially, European Union's General Data Protection Regulation) in the matter of informational rights are not just 'right to information'. Informational rights include the right to be informed on the matter of one's personal data, the right of getting free access to the submitted data ,the right to rectification of submitted data that is inaccurate or incomplete, the right of removal of data that in certain situation (right to be forgotten) , the right of getting notification in case of rectification, removal or restriction on the data by the portal controller , the right to object in the processing of any data and the right of not being evaluated on the basis of automated processing of data in relation to employment and disciplinary procedure. The recently publicized final report of the Srikrishna committee on data protection is of the opinion that the data protection law (ensuring informational rights) be available to the employees especially in the context of 'recruitment or termination of employment', in providing 'any …benefit sought by an employee', in 'verifying the attendance of an employee' and in the matter of 'assessment of the performance of the employee' (Page 116). The employer should not ask for unnecessary information and should 'collect only as much personal data as may be required to satisfy their purpose' (Page 116). The committee, in relation to data rights, further states that 'rights of confirmation, access, correction and portability will also be available to the employees'. (Page 117). But, unfortunately the Personal Data Protection Bill, 2018 does not sufficiently protect such rights.

The internet users are generally robbed of their informational privacy through whattsapp use, Uber ride or Facebook use (it is alleged that in Facebook the genuine news items are sometimes filtered and fake news items are not. For example, an appallingly subjective fake news that '1st August is the Medical Representatives Day' has been allowed without authentication and has not been filtered by Facebook). Through use of internet field workers are also made to pass on some unintended and sensitive information to the employers. During unauthorized medical camps field workers are asked to prepare various diagnostic reports (blood glucose, blood hemoglobin etc) and send such private and sensitive health information, of the individual and of the community, electronically, to the authorities of the company causing violation of privacy and informational rights. Online surveillance etc. is clear violation of fundamental right to privacy. With this a field worker is treated like a criminal. This is gory violation of rights. A nine-judge Bench of the Supreme Court , in its seminal verdict (and breakthrough interpretation) unanimously and expressly declared that right to informational privacy or data privacy is a 'fundamental

right' (Supreme court's Right to Privacy Judgement, August 24, 2017).

Both the Srikrishna committee and the recent Data Protection bill failed to ensure sufficiently this right to privacy. The contemporary attacks of field workers in the context of use of internet, apps and devices are desperate attempts of the employers in the pharmaceutical and other industries in India. It is a result of breakneck competition, growing monopolization and neoliberal economic order. The ruling business class is gasping between one economic crisis and another. It has lost its entire valor. It has lost the memory of all past promises. Therefore, the employers want to 'control by force and fear'. The employer class is unable to survive 'without constantly revolutionizing the instruments of production'. They survive only through hostile use of fruits of science and technology. The purpose is: maximization of profit. The result is: deprivation of working class from 'liberty and equality'. In this context the right of 'resistance to oppression' is as an inviolable right of the working class. Field workers will always wear this value on their chest and never abandon their rights without resistance.

(Editorial, FMRAI news, August 2018)

Derailment of people's healthcare for private profit

'My countrymen, I am agitated so that a poor person can get an appropriate health cover. I am restless so that an ordinary citizen of my country can combat diseases and remain healthy', stating this, in his Independence Day speech, from the rampart of Red Fort, on 15th August, 2018, Prime Minister Narendra Modi announced Ayushman Bharat, a health insurance scheme for the poor. He projected the scheme as comprehensive solution. Should this assertion not face any examination of facts? Should we not look at it with our eyes and minds open? The National portal of India (india.gov.in) states that Ayushman Bharat (National Health Protection Scheme) will cover over 10 crore poor and vulnerable families (approximately 50 crore beneficiaries) providing coverage up to 5 lakh rupees per family per year for secondary and tertiary care hospitalization. This scheme will subsume all the on-going centrally-sponsored health insurance schemes. Based on the socio-economic caste census, 2011, a section of deprived citizens will get the benefit of this scheme. The portal further states that Ayushman Bharat National Health Protection Mission Council will be set up at apex level (chaired by union health and family welfare minister). States would need to have State Health Agency (SHA) to implement the scheme. Centre and States contribution in insurance premium would be in the ratio of 60:40. The council is planned to be set up in line with GST council and will be run in corporate style. Indu Bhushan, of the Asian Development Bank, has been appointed as the CEO of Ayushman Bharat. 1350 packages of specialized treatment procedures (especially surgery) involving hospitalization, has been earmarked.

Then, Ayushman Bharat is for secondary and tertiary care hospitalization. It has no business in primary care. Primary care in India is composed of Sub-Centres (SC) and Primary Health Centres (PHC) which provide mother and child care, family planning, immunization, prevention of endemic and epidemic diseases, treatment of common diseases, provision for anemia control, control of malnutrition and health education. This is the ground-level link between the common people and the national health system. Secondary health care and tertiary health care are the 2nd and 3rd level of health system constituted of community health centres, district hospitals, medical colleges and advanced medical research establishments that deal with referred ailments. What is the place of Ayushman Bharat in this given arrangement of Indian healthcare

system? In fact it has no significant role. Let alone the primary care, even in secondary and tertiary care, it will not make anything remarkable. It will only cause serious new problem in access of healthcare by all.

Firstly, Ayushman Bharat attempts to replace universal healthcare with some truncated healthcare packages (in the name of specialized treatment) which are divorced from the genuine, general and fundamental health issues of the common people. Thus, it is likely to disorient this primary healthcare system in this country by shifting focus. Modi government has already abolished planning commission and now it attempts to demolish all kinds of planning in healthcare and disease control. What is the purpose of converting 150,000 Sub- Centres in to Health & Wellness Centres (HWC)? Probably, this is an attempt to transform primary healthcare centres to elite-serving wellness centres. The objective of reducing Maternal Mortality Rate (MMR), Infant Mortality Rate (IMR), eradication of certain endemic diseases like Malaria, TB etc. appears to have been abandoned.

Secondly, the declaration of the international conference on primary health care (Alma Atta declaration, 1978) proclaimed that 'an acceptable level of health for all the people of the world by the year 2000 can be attained through a fuller and better use of the world's resources' India is a signatory and a party to this declaration. But, acts and deeds of the Modi Government betray this. Instead of 'fuller and better use of resources' this government is diverting huge amount of revenue (an amount estimated between 12000 Cr. to 40000 Cr.) to the private insurance companies in the façade of Ayushman Bharat and in the name of serving the poor. This huge amount of revenue is collected by the government from the common people (through indirect taxes like GST and those on Petrol and Diesel). Now, this amount is siphoned to the corporate but it shows up as a deceptive figure in the head of 'healthcare expenditure'. It is most likely to further narrow the scope of budgetary allocation in healthcare adversely affecting the entire population.

Thirdly, Ayushman Bharat will ensure huge profit for the Insurance Companies. Only a small amount will actually reach to the targeted section of poor people. Modi government's Pradhan Mantri Fasal Bima Yojna (PMFBY) gives sufficient cue in this matter. In one harvesting season (Kharif 2017), 13 insurance companies have collected premium of Rs.19698 crore from Center, States and farmers and paid out Rs.10799 crore as claims settlements and earned gross profit of Rs. 8898 crore, which counts to be huge 45% return on investment (Subodh Varma, 6th Aug.2018, www.newsclick.in). On the other hand, farmers have benefitted marginally.

Fourthly, this insurance-driven healthcare system dominated

by private owners creating situation where government attempts to abdicate its responsibility in healthcare. Prime role of government in providing healthcare is acknowledged across the globe, across the societies and across the economic and political system. But Modi government abdicates responsibility in healthcare which is an act nefarious and therefore, unacceptable.

Fifthly, Ayushman Bharat is a big step towards complete privatisation of public healthcare system in India. Ayushman Bharat actually attempts to create new market for the corporate (especially, the drug companies, the corporate hospitals and the private insurance companies) with the façade of serving the poor. Poorest of the poor people are unable to buy costly, high-end healthcare and now government will buy this costly healthcare (strategic purchasing) on their behalf. So, it will be a new market for the corporate. The existing healthcare market for corporate exploitation will remain intact as the other section of people will continue to buy their costly healthcare by paying from their pocket, as usual. Thus, Ayushman Bharat is all new market for the big corporations. The National Health Policy 2017, in the Para 2.3.3, makes this intention amply clear. Strategic purchasing by the Government to fill critical gaps in public health facilities would create a demand for private health care sector, in alignment with the public health goals.

Sixthly, Ayushman Bharat is designed to serve narrow political purpose. It is an act of populism that adversely affects the path of real solution. By giving some fragmented, incoherent, jumbled-up healthcare services, a section of poor people will be showcased to gather votes for the ruling party.

Seventhly, unnecessary procedure, fake procedure and blatant fraud have become a commonplace practice in health insurance in India. Ayushman Bharat will be no exception. Indu Bhushan, CEO, Ayushman Bharat, in an interview with Kundan Pandey (Down To Earth, www.downtoearth.org.in) admitted that corruption and malpractices in private sector is more prevalent and stated that 'the agency depends initially on public sector hospitals with a view to prevent fraud. As the scheme become more mature, we will lift that condition and slowly increase the role of private sector. But we will first wait and watch how the scheme is going'. This statement makes it clear that in spite of widespread fraud government is keen to operate the entire scheme through private sector, in future.

Eighthly, Ayushman Bharat will not reduce the out of pocket expenditure of the people. Indian population spends around 70% of healthcare cost from their own pocket. Hundreds of people become penniless through healthcare spending. Ayushman Bharat will not spend a single rupee to reduce this out of pocket expenditure.

Ninthly, it is a fundamental departure from the declared goal of universal healthcare and retrograde change in exiting policy and

practice. The High Level Expert Group (HLEG) of Planning Commission of India on Universal Health Coverage in its report (November, 2011) advised government not to use insurance companies or any other independent agents to purchase health care services on behalf of the government as they found such practices fragment healthcare services (Page 12).

Tenthly, AyushmanBharats package service ignores the real issues of the vulnerable population. Serious shortage of Doctors, Nurses, Auxiliary Nurse Midwives (ANM) and Accredited Social Health Activist (ASHA) makes healthcare either underserved or inaccessible to the vulnerable populations in rural, tribal and hilly areas. The aforementioned report (HLEG, page 143) warned that India had a pathetic doctor-population ratio of 0.5 per 1000 persons as compared to other nations (1.6 in China, 5.4 in UK, 5.5 in USA and 5.9 in Cuba). The ratio of 2.19 nurses and midwives per doctor in India is lower than Sri Lanka (3.94) and Thailand (5.07). Modi Government has not done anything in this matter.

In this context only, FMRAI rejects out rightly this insurance-driven model of healthcare. FMRAI, from its very inception, chose side of the common people and stood against the predatory corporations. FMRAI put people over profit, universal healthcare over package service. Giving license to wholesale loot Modi Government surrenders people's right to health to the feet of the big business. The impending task of organizing the people is knocking at the door. No second option is open. Vendors of neoliberalism must be defeated, explicitly, sooner the better.

(Editorial, FMRAI news, September 2018)

Workers and peasants rise up as one to demolish evil policies

The successive governments in this country are pursuing a path of economic liberalism since last three decades. The workers, the peasants, the hard-working common masses of the country come to understand that this economic onslaught on their life and livelihood is not a supposed misfortune, nor it may be suspected as divine wrath, but these are outcomes of anti-people policies. It is the nefarious political economy that makes the rich further rich and the poor more poor. This path was undertaken by the congress governments in the past and now the same path being pursued, more arrogantly, by the BJP-led NDA government. Now it becomes clear that the mountain of high-sounding promises made by the BJP-RSS combine before election is false. Actually, these are the routine lies that are employed time to time to woo the people and to grab power. Pre-poll assurances on decent livelihood, better living conditions, more employment, food security, health, education, peace and prosperity have been disproved post-poll. Quite intuitively, the ruling alliance had tended to forget the cause of the people.

After ascending to power, the Modi government failed to address the burning issues of the people. In fact, they had certain compulsions and priorities. In this background only, they freed themselves from the genuine issues of the people, created certain false issues to divide the people in the line of caste and religion, and thereafter, engaged themselves in ensuring quick profit for the big business houses and the corporate, as they had immense obligation towards the later. Addressing people's issues would have hurt the wealthy corporations. That was impossible and unnatural for them. Most obviously, this regime, true to its political nature and character, had to arrange for unbridled loot of the people by the corporate, and not the other way round. This is what the wealthy class had sought after .So, they became active and wanted to put up a new 'the Chowkider government' to serve their interest at the centre.

In this context only, hundreds of workers across the country spent sleepless night on the eve of Independence Day, 2018 to symbolize their wakefulness to the true cause of freedom, as the freedom of living a life worth living is at stake under present regime. Earlier, workers raised their demands and courted arrest on 9th August and on 5th September, 2018 hundreds of thousands of people poured into the parliament street at Delhi to give message not only to the Modi government, but also to the employers, the big landowners, the moneylenders, the gigantic national and multinational corporations, the unscrupulous persons at the helm

of governmental affairs, that the workers, the peasants and the common masses are unhappy. They arrived, men and women, young and old at the national capital coming from all the corners of the country to press for a policy change at this instant. Women came to the rally with small children and participated in large numbers. As per media report over 2 lakh, mainly the workers, the peasants and the common people, at least from 23 states, spread over the length and breadth of the country, joined this rally to make it truly mammoth, unprecedented and the one without example in independent India.

Field workers, at the call of FMRAI, under the banner of the state units, joined the rally in huge number, marched with other section of the oppressed and voiced their protest. The attacks on the field workers have intensified during the Modi Raj. Unprecedented price rise of all essential commodities has adversely affected the field workers. Besides, incessant increase in prices of food items and all other items of daily consumption, the sharp and rapid rise in petrol and diesel prices has hurt the field workers most injuriously, as their outdoor nature of job involve travelling and consumption of these energy sources. In recent time petrol and diesel prices have been completely decontrolled and these prices are swelling up wildly. In this situation, field workers' wages are getting severely eroded. Their allowances become pathetic mismatch. FMRAI demanded of the employers for increase in Daily Allowance and Travel fare to make up for the rising cost of field work. FMRAI demanded of the Governments, at the Centre and at the States, of immediate reduction in prices of petrol and diesel through substantial reduction of all taxes and duties and re-instituting government control over these prices. In this context , the nationwide call of 'Hartal' on 10th September, 2018 by the political parties has caught the popular attention of the field workers and the field workers across the country joined this Hartal spontaneously and abstained from work to voluntarily participate in this mass action along with crores of common people who were equally indignant and angry.

People are resentful as the government is generating huge revenue through indirect taxes levied on every article of consumption (including those levied on petrol, diesel) but these revenue is not being utilized in either in maintaining or in increasing subsidy in any sphere of universal public good, be it energy (petrol, diesel, cooking gas, electricity etc), food security, health or education. Instead of subsidizing the vulnerable population, this revenue, extracted from the pocket of the common people, is being utilized to subsidize the big business and the wealthy class by giving them tax concessions and by writing off their public debts.

The question of life and livelihood is not negotiable. The working

class will buy their rights by paying full price for it in the course of their united agitation and mass action. The entire working class of the country will join on strike on 8th and 9th January, 2019 at the call of all the central trade unions and federations, to effectively challenge the pernicious policies of the Modi government. Agitation and campaign will be further intensified. Festive days are ahead. The gallant chain of movements which are being organized by the workers, the peasants, the students, the youths, the women and other section of hard working masses since last few months will make a new festival of protest and resistance. With this, light of hope re-kindles again in the heart of the common man.

(Editorial, FMRAI news, October, 2018)

Pitting generic against generic will not benefit the ailing people

The Modi government has discovered two cure-all magic solutions for all the evils of the healthcare system in the country. The elixir number one is 'Generic' medicine and the elixir number two is 'Insurance-based Healthcare'. It is claimed that these infusions will make the healthcare system very strong and vigorous. The Modi government's description of insurance-driven heath solution, Ayushman Bharat, is virtually a very large plan for wholesale privatization of health care system of the country. It is yet another example of outright loot of public resources by the corporate and the multinationals. This is an arrangement where the private players act as proxy and the government abandons all its responsibilities.

Now the government is singing glory of the market and therefore, the much-avowed national goal of 'universal healthcare' is vanishing into the blue. In the midst of increasing noise of the market, there is total sell out of people's healthcare at the feet of the corporate. High price of medicines is a very major issue. Since India's healthcare system is not reasonably supported by the government, like in other nations in the world, people pay from their own pockets. Other nation spends around an average of 6% of their national income (i.e., GDP) for healthcare; India spends a paltry 1.4% (of GDP, 2016-17). Therefore, people pay from their own pocket for medicines and healthcare. Let alone the daily wage labourer, even the well-to-do families sink into poverty on account of healthcare expenditure. In this context only, drug price is a very burning issue.

So, the government intends to reduce drug prices and draws example from industrialized nations like USA, Canada or UK and concludes that 'brands' are the roots of all evils. Therefore, it wants to promote generic. If only doctors write generic and people consume generic then only the vexing trouble of medicine prices will go. It claims in such a manner as if 'Generic' medicines are something new and something novel in India. In the murky water of technical terms like 'Generic', 'Brand' etc. the government loses the most relevant facts about generic in Indian context.

The fact remains that the 'Generic' medicines are no new discovery in India. Before 2005, each pharmaceutical medicine that was ever manufactured, sold, purchased, prescribed or consumed was generic medicine. In absence of 'patent' all available medicines were generic medicines and nearly all these generics medicines were sold under different brand names. During all these years (since Indian Patent Act, 1970), all medicines were generic medicines, even though there were some kind of layman-categorization of these generics (brand, branded generic and unbranded generic) which had hardly any scientific basis. After

introduction of 'patent protection' in India a truly new category of drugs have entered Indian market — the 'patent' medicines. Prices of these 'patent' medicines are manifold higher that than all kinds of generics medicines available in the Indian market. Prices of so-called 'costly brands', (which are actually 'generic' in Indian brand name), may appear even minuscule as compared to the prices of these 'patent' medicines. For example 20 months' treatment with two patented drugs named Bedaquiline and Delamanid (these two drugs are the only anti-TB drugs that can save life in extreme tuberculosis that is resistant to all other drugs) will cost $9,000 or 6 lakh 34 thousands in Indian rupee (www.msfindia.in).

These two patented drugs are monopolised by the MNCs in India and these drugs are neither freely available not are they affordable. India accounted 'for 2.8 million new TB cases in 2015'. Number of newly diagnosed TB patients increased in 2015 'from 2.2 million in 2014'. 'Every year over 99,000 new drug resistant patients are diagnosed' in India. (Indian Express, March 7, 2017). Poorest of the poor, who suffers from TB, badly need these newly-invented medicines, but their generic versions are not available in India. If the Modi government would have been actually interested in generic, then the patent right to these drugs would have been revoked right away. The amended Indian patent act and all international agreements allow cancellation of patent right (compulsory licensing), for the reasonable requirement of the people. On the contrary, the Modi Government has 'privately assured' the US government that no patent will be revoked in India. Actually, there have been no revocations of patent after Nexavar, even if the ailing population cries out for affordable medicines.

Earlier, the Modi government directed the doctors to write generic medicines in generic names. But majority of the generic medicines in India are available only in brand names. Some of these medicines are combination of different generic medicines in fixed dose. Therefore the doctors could not make heads and tails out of this direction of the government (and that of MCI). Besides, the doctors' communities do not have faith on unbranded generics, especially, in the context of poor regulatory framework in India. Therefore, this direction did not work.

Now the Modi government is trying another route. Now the government has planned to replace the doctor's prescription of 'generic brands' (i.e., 'brands') with 'generic unbranded'. Now, not a doctor, but a chemist counter will decide what medicine will be given to you. In spite of all good intention, unintended harm can take place. Besides, the dispensing may be overly influenced by the undue incentive offered (unethical trading) by the pharmaceutical companies. The Parliamentary Standing Committee on Health and Family Welfare, in its 45th report (as presented on 4th August,

2010) warned about this beforehand: 'Thus the power will shift from doctors to the chemists. The pharma companies would unethically start wooing the chemists instead of doctors. This will be worse than current situation'. But the government is all set to execute this policy.

On 29th November, 2018, the Drugs Technical Advisory Board (DTAB) has cleared a proposal to amend a rule under the drugs law. 'This proposal asking permission for chemists to substitute brands prescribed by doctors with other brands was pending for a very long time' said a government official (Times of India, 30th November, 2018). 'For the time being', it will be allowed for Jan Aushadhi stores and later on it will be extended for all drug stores. Whereas the present drug laws do not allow chemists to replace the doctor's prescription, the Government is all set to change the laws. Generic brands will be replaced by unbranded generics. Through this decision, one group of generic medicines will be pitted against another group of generic medicines. One group of generic medicines will be employed against another group of generic medicines to destroy each other. This will ensure Mutually Assured Destruction (MAD) of Indian generic medicines.

It is that Indian generic which is admired, praised, respected and celebrated across the globe for its availability, affordability and quality. This potential destruction of Indian generic medicines will possibly create a level-playing field for the brute monopoly of the patented medicines of the multinational companies, not only in India but also across the nations. It is also relevant to note that generic drug-brands have gained the trust of the doctors over the years. As long as these trusted 'brands' will exist in India the patent medicines of the MNCs will not be able to entirely capture the Indian market. Therefore, destruction of these generic brands is an essential agenda of the MNCs. In this context it is surprising to see that the Modi government is declaring war against generic 'Brands' and upholding so-called 'Generic' (mimicking the rich nations) as a stand-alone formula for all ailments of Indian healthcare system and it is being projected as a panacea.

Had the Modi government been serious about reduction of drug prices, then the hefty GST that is levied on every medicine would have been abrogated forthwith. Had the Modi government been serious about reduction of drug prices, then they would have instituted cost-based price control (not this purported market-based price control) on all medicines. Had they ever been serious they would have enacted law and evolved mechanism to curb evil practices in pharmaceutical marketing and pharmaceutical trading. Had they ever been serious they would have revived the Public Sector drug companies for production of low-cost generic medicines. They would have cleared the pharmaceutical market of all irrational, inessential or worthless drugs those are equally deceiving consumers

by hugely draining out their limited resources. Had their intention been anything but cheap stage show, then the government would have procured generic drugs in bulk from manufacturers and would have dispensed them directly to the patients, through its own health centres.

Reduction of drug prices is the matter of extreme importance. But, replacement of generic 'brands' with unbranded 'generic' is no solution. On the contrary, self-eating and infighting among generic medicines may be proved costly for the self-reliant drug Industry in India. In a situation where indigenous industry is decimated or inefficient, the MNCs and their patents only rule. Such examples are widely available across the globe, especially in Asia, Africa and South America. In such situations millions of people cry for essential medicines but they cannot afford patented medicines.

What is extremely essential in every context is price control, robust price control. Prices of all 'costly generic brands', branded generic, unbranded generic should be controlled. In industrialized nation prices of their 'generic' medicines are increasing intolerably and excessively. Price control on patented medicines is extremely difficult, as the MNCs choose to withdraw their patent medicine from the land where prices are controlled. Here the remedy is compulsory licensing. Beside all other measures, two most important measures (for reduction of drug prices) are price control and compulsory licensing.

In this perspective only FMRAI decries the legal framework for substitution of doctor's prescription by Jana Aushadhi stores which government of India trying to institute. For the larger interest of the nation there has to be unrestricted promotion and availability of all forms of generic medicines including brand, branded generics and unbranded generics. There are some branded generics and unbranded generics on which excessive margins are being offered to the retailers. This should be rationalized for the benefits of the ailing masses.

Learning by rote the definition of 'brand' and 'Generic' from an English dictionary will not help us understand the Indian 'Brands' or Indian 'Generics'. The situation of pharmaceutical in India is unique and this situation is not comparable with the situation in the industrialized nations. In these nations 'Brand' is synonymous to 'Patent', but here in India the 'Brand' and the 'Patent' is not synonymous. Here, the declaration of war against brands amounts to declaration of war against generic. Historically, here in India, 'brands' have ever constituted the backbone of the indigenous generic pharmaceutical industry. He who fails to understand this loses the key for understanding the Indian pharmaceutical industry.

(Editorial, FMRAI news, December 2018)

Privatisation & Saffronization of Jan Aushadhis

1. About Jan Aushadhi Scheme

1.1 'Jan Aushadhi' scheme was an appreciable attempt by Man Mohan Singh government in 2008 with stated objective to make available government controlled low-priced quality medicines to all, particularly the economically vulnerable sections.

1.2 It is a direct market intervention by the Department of Pharmaceuticals under the Ministry of Chemicals and Fertilizers, Government of India (GoI). The implementation agency is the "Bureau of Pharma PSUs of India" (BPPI)

1.3 BPPI consists of the Department of Pharmaceuticals of the GoI and 5 central drug public sector undertakings (PSUs) - Indian Drugs and Pharmaceuticals Ltd (IDPL), Hindusthan Antibiotics Ltd (HAL), Bengal Chemical and Pharmaceuticals Ltd (BCPL), Karnataka Antibiotics and Pharmaceuticals Ltd (KAPL) and Rajasthan Drugs and Pharmaceuticals Ltd (RDPL) - with its headquarter at IDPL head office at Gurgaon and was registered under 'Societies' Act in 2010.

1.4 BPPI's stated responsibilities are to (i) procure, (ii) fix prices and (iii) supply "Jan Aushadhi" branded drugs; (iv) establish network of Jan Aushadhi Stores (JAS); and (v) monitor the sale of those through JAS. BPPI itself became a medicine marketing entity of the GoI.

1.5 The Jan Aushadhi scheme envisaged 5 drug PSUs to produce all Jan Aushadhi medicines without any marketing and distribution responsibility. Those medicines, not produced by the PSUs, may be procured from private sector through open tender.

1.6 The scheme is fully funded by the GoI with a rider that as and when the scheme is established, BPPI will "make efforts to recover as much as possible of its expenses incurred on its salary, wages, office expenses, and publicity expenses through trade margin. To that extent Government support will stand reduced." 2016-17 budget allotted Rs.35 crore for Jan Aushadhi scheme.

1.7 BPPI is supposed to get each batch of procured medicines duly tested from NABL (National Accreditation Board of Testing and Calibration Laboratories) empanelled laboratories before supply to sales network.

1.8 The GoI has already setup central warehouses for BPPI in Gurgaon. GoI also plans to set up another five regional warehouses. (Times of India; 10.06.2018.)

1.9 BPPI sends tested medicines from its warehouse through its distribution network of appointed C&F Agents / Distributors in different States / UTs.

1.10 BPPI ultimately sales it's 'Jan Aushadhi' branded government-controlled low-priced medicines through Jan Aushadhi Stores (JAS), appointed as franchisees of BPPI.

1.11 Earlier, JAS got free space in government hospitals. Later Central government amended guidelines so that JASs can be opened in any government owned building premises like Railways, State Road Transport, Urban Local Bodies, Panchayat Institutions, Post Offices, Defence Establishments and PSUs.

1.12 In addition, each JAS gets Rs.2.5 lakh financial support from BPPI as cost of initial establishment expenses including Rs.1 lakh free 'Jan Aushadhi' medicines; 30 days credit facilities (C&F and distributors 60 days). C&F gets full and distributor 2% of sale as compensation against expired medicines. Expired medicines are not called back.

1.13 Number of JAS as on January 2018 was 3,041 (in 26 States/ UTs). BPPI's MRP level Jan Aushadhi sale was Rs.112 up to December, 2017 estimated to be Rs.120 Crore in FY 2017-2018.

2. Privatisation of Jan Aushadhi Scheme in Modi Regime

2.1 Modi government decided to sell or close all five Pharma PSUs in BPPI (Bureau of Pharma PSUs of India) making the name itself a joke.

2.2 On 28 December, 2016, Modi ministry directed the Department of Pharmaceuticals to operationlise its decision of selling surplus land of HAL, IDPL, RDPL and BCPL to meet the liabilities first and then go for strategic sale of HAL and BCPL; and to close IDPL and RDPL. The Cabinet Committee on Economic Affairs (CCEA) in its meeting held on 1.11.2017 also decided to disinvest 100% GoI equity in KAPL through auction.

2.3 The direction also include "While taking a decision to close the PSUs, the Department may also explore the possibility of hiving off the subsidiary companies of HAL and IDPL for private participation."

2.4 Following are establishments of Pharma PSUs which are going to be sold out to private corporates. Two other Central Pharma PSUs - Bengal Immunity Limited and Smith Stanistreet Pharmaceuticals Ltd. - both in West Bengal, are already declared as closed.

(i) IDPL has its manufacturing plants at Gurgaon and

Rishikesh; and subsidiaries- IDPL (Tamil Nadu) Ltd, Chennai; Bihar Drugs & Organic Chemicals Ltd, Muzaffarpur; and Orissa Drugs and Chemicals Ltd.

(ii) Hindustan Antibiotics Ltd. (HAL) has its plant at Pimpri, Pune in Maharashtra; and Subsidiaries - Maharashtra Antibiotics and Pharmaceuticals Ltd (MAPL) at Nagpur and Manipur State Drugs and Pharmaceuticals Ltd (MSDPL) at Imphal.

(iii) Bengal Chemicals & Pharmaceuticals Ltd. (BCPL) has its manufacturing plants at Maniktala and Panihati in West Bengal, Mumbai and Kanpur.

(iv) Rajasthan Drugs & Pharmaceuticals Ltd. (RDPL) is a joint venture company of GoI and Rajasthan State Industrial Development & Investment Corporation Limited (Govt. of Rajasthan) holding 51% and 49% shares respectively.

(v) Karnataka Antibiotics & Pharmaceuticals Ltd. (KAPL) is also a joint venture company with 59% share of GoI and 41% share by the Government of Karnataka through Karnataka State Industrial and Infrastructure Development Corporation.

3. Outsourcing of Distribution and JASs

3 BPPI has now appointed M/s. Ethics Infinity Pvt. Ltd. "for providing End to End supply chain management" to Jan Aushadhi Stores.

4 In January, 2017 GoI and its favouredNational Yuva Cooperative Society (NYCS) entered into an agreement to set up 1,000 JASs across the country.

4. Modi Government's Misleading Propaganda on Drug Prices

4.1 Modi government itself adopted double standard in fixing drug prices, but launched misleading propaganda to divert attention of the people from the real issues.

4.2 For 'Jan Aushadhi' medicines, the producers have no responsibility of marketing and distribution. The burden of cost of marketing and distribution is of BPPI, facilitated and entirely funded by the GoI.

4.3 Jan Aushadhi medicine prices are BPPI determined government-controlled prices, subsidized by GoI through BPPI as enumerated above. BPPI issues Jan Aushadhis price list. It has nothing to do with NPPA fixed prices under DPCO, 2013.

4.4 Whereas, the prices of essential medicines in the market are determined by the National Pharmaceutical Pricing Authority (NPPA) under the same Department of Pharmaceuticals as per current Drug Prices (Control) Order (DPCO), 2013 issued by the same Government of India.

4.5 As per DPCO, 2013, there is no difference between brands and generics to determine the prices of medicines. Clause 4 of the DPCO, 2013 states that the 'ceiling prices of the medicines' shall be determined on the basis of "Total number of such brands and generic versions of the medicine having market share more than or equal to one percent of total market turnover on the basis of moving annual turnover for that medicine."On that basis NPPA determined 700 essential medicine prices in 2017 which the Prime Minister Modi highly appreciated and claimed as his government's achievement. (underline added for emphasis)

4.6 DPCO, 2013 also allows companies to increase 10% rise over NPPA ceiling prices in April each year without Government's approval.

4.7 Through DPCO, 2013, the Government allowed the private companies to freely increase the prices of both brand and generic medicines which are outside the National List of Essential Medicines (NLEM).

4.8 The real reason of drug prices increase lies in defective and diluted DPCO and fixation of GST Rate Schedule of pharmaceutical products.

5. Saffronisation of Jan Aushadhi Scheme

5.1 'Jan Aushadhi' scheme of Man Mohan Singh government, launched in 2008, was renamed by Modi government first in 2015 as "PradhanMantri Jan AushadhiYojna" (PM-JAY); and again in 2016renamed it as "PradhanMantriBhartiyaJanaushadhiPariyojana" (PM-BJP) and the Jan Aushadhi Stores as "PM-BJP Kendras".

5.2 Each pack of medicines having 'Jan Aushadhi' brand has now a new brand as "PradhanMantriBhartiyaJanaushadhiPariyojana" (PM-BJP).

5.3 Not only PM-'BJP' is being embossed on each pack of Jan Aushadhi medicines, 'BJP' has been highlighted in saffron colour in each pack of medicines and project activities in Hindi to reach in each house hold.

A label of one of the medicines Soldunder the Jan Aushadhi;

"Public health activists have criticised the government for using the Jan Aushadhi scheme to "advertise" the name of the BharatiyaJanata Party. All medicines being sold through this scheme across the country carry a logo that highlights the Hindi letters "Bha", "Ja" and "Pa" in saffron the in the scheme's acronym (see image)."

(Times of India; Aug 4, 2018)

FMRAI's council movement & emergence of 'united forum'

Background

We are now facing multi dimensional attack on the pathway of progression through council movement. In fact through council movement, organizing the field workers and trying to overcome the aggression of multinationals; resistance before the objective of neo liberal policies, are getting momentum day by day, which has created some impact on the attempt of de-unionisation.

Amongst all other movements of FMRAI, the employer-employee relation is established through council movement and established our trade union, collective bargaining and legal rights for the field workers in many companies, thus amongst all other movement, Council movement became the life line of FMRAI's movement.

Before the formation of FMRAI

(i) In the pre-independence period, with the patriotic and nationalist outlook, some freedom fighters in Bengal, took the main initiative to establish the Pharmaceutical industry for self-reliance and to ensure that the low-cost medicines reaches the ailing masses. Initially, some multinational drug companies particularly during the Second World War period started operating from Calcutta through the agency houses without establishing their manufacturing units, to cater modern medicines and later MNCs started establishing its manufacturing units mainly in Mumbai.

(ii) During the pre-independence and immediate post-independence period, medical representatives were employed for sales promotion. This development helped the medical and sales representatives to establish their own Rest Houses in the different district towns for their staying with better facilities than Hotels.

(iii) Prior to 1963, when there was no all India or state union for medical and sales representatives, the services of one medical representative of May and Baker was terminated and against which, he fought individually and courageously from lower court up to Supreme Court. In 1956 Supreme Court gave its judgment, while delivering the judgment Supreme Court made general observation which has had serious impact on the entire profession of medical and sales representatives. Supreme Court said that a medical representative's nature of work is neither 'technical' nor 'manual' nor 'clerical' to be defined as 'workman' under Section 2(s) of I. D. Act. Supreme Court said 'sales promotion' in itself is a nature of work.

Formation of FMRAI

(i) Oppression and exploitation by the employers developed consciousness among some of the medical representatives, who

were also freedom fighters, to form a trade union. A Convention of Medical Representatives' Associations of various parts of the country was held at Nagpur in 1962, at the initiative of organised union members of Bihar, West Bengal and Maharashtra (Maharashtra Pharmaceutical Employees Federation) with a view to form a national federation of medical and sales representatives and through it fought for the amendment of Section 2(s) of I.D. Act to include medical and sales representatives in the background of Supreme Court's judgment in May & Baker case, declaring that sales promotion employees are not covered under the Act. It was necessary at that time, mainly to help individual cases in the court of law. Subsequently, FMRAI was formed in a conference at Hyderabad in 1963.

(ii) Organisation through its own experiences learnt that the basic principles of the field workers trade union movement should be a part of the class struggle in our country. The daily struggles of the field workers are a part of this general struggle. FMRAI grew rapidly because it was loyal to these principles and was also able to carry forward its movement in a planned manner. FMRAI had launched various struggles in advancing its movement and participated by thousands of field workers. FMRAI had also launched many struggles in pursuance of medicine related demands in the interest of the common people. Image and prestige of FMRAI increased amongst the field workers, other trade unions, workers and common people. The advancement of the organisation was possible due to relentless suffering and sacrifice of leaders, activists and thousands of members. But the real greatness of these leaders and members was their courage and determined resistance in all the outcomes, whether defeat, victory or compromise. FMRAI is a unique organisation amongst the trade unions in this country having wider area of function. Implementation and advancement of any movement depends on organisation. Hence, organisation should be equipped, developed and expanded on a continuous basis to face newer situation and challenges.

(iii) The main resolution of FMRAI 1st Conference was to demand for the amendment of Industrial Disputes Act, 1947 for 'workmen'. Delegations met the Central government and Rajya Sabha Committee on Petitions who move around the country to collect evidences. After 13 years, in 1976, Government enacted the Sales Promotion Employees (Conditions of Service) Act, 1976 with salary ceiling. FMRAI continued the movement and the ceiling was removed in on 6th May, 1987.

Attempts for achieving Collective Bargaining rights

After the Meher Tribunal judgment in 1960, in favour of Glaxo Employees Union, 'Field Staff Association' (FSA) was mooted by Glaxo management, first in the industry in 1961, to keep the medical

representatives away from Glaxo Employees Union and outside the purview of I D Act by giving some monetary benefits.

Subsequently, FMRAI submitted charter of demands to five companies in 1965 'only to attract' the medical and sales representatives. These companies were Sarabhai-Squibb, Hoechst, Cyanamid, Pfizer and East India Pharmaceuticals. The demands were either not pursued or lost in tribunal (Hoechst, in 1970, Lala Tribunal). The main weakness was that the concerned companies' field workers were not organized and did not support FMRAI's charters of demands, except to some extent, in Sarabhai.

Evolution of Council movement & its advancement

The experience of 5 company's charter of demands, led to the thinking of organizing company wise field workers within the fold of FMRAI. This thinking, in turn, led to search for any other such existing organization within a trade union. Railway employees had category wise councils within the union like 'guards council' etc. FMRAI borrowed the nomenclature 'council'. In place of 'category wise councils' of railway employees union, for FMRAI it became 'company wise councils'.

1st Stage: Fighting with own employer by organizing the individual company wise field workers is revolutionary thought of FMRAI. The concept of "company wise council" a note was adopted in the year 1972 at Vijayawada Conference. From 1972 to 1976 struggles continued both inside and outside to establish the wage settlement with ID Act coverage as per the line of FMRAI against FSA concept promoted by some employers and some collaborators. Ultimately, in the Nagpur FMRAI conference the collaborationists defeated. FMRAI adopted a document further to strengthen councils "Formation and functioning of councils" in the year 1977. First success of council movement came in Biological E. through a settlement of COD on 01.10.1976, followed by Duphar Interferon (presently Solvey), German Remedies, FDC, and others. Thus we consider 1972-1977 as the first stage of council movement.

2nd Stage: In the second stage of council movement (1977-1985) rapid growth of company wise councils and struggles we have experienced. After many struggles & sacrifices success came in many companies one after another, recognition of union & bilateralism established. In 1977 second document on "Formation & Functioning of council" was adopted.

3rd Stage: We entered in third stage of council movement in 1985 onwards and adopted the third document on "Five cardinal points" to set a clear objective of council movement. The five cardinal points, to achieve from the managements in the ongoing first phase of the council movement, are - (1) recognition of the trade union, (2) bargaining Right and settlement of common service conditions for all (3) grievance committee on day-to-day issues of

the field workers (4) to stop victimizations and (5) No interference of the management in the trade union activities.

4th Stage: There were rapid changes in the industry since 1994 due to globalization, liberalization and privatization; ushered in by the government's policies since 1991. Such changes are inevitable in capitalist path of development. Our attempt is to oppose generally, with others; slow it down and protect our members from its adverse impact to the extent possible. The features of rapid changes and restructuring in marketing systems have been generally noted in the 'Agenda of Action' document of 1998 Kollam conference and the 'three burning problems' were identified in 2000 Jaipur GCM. Subsequently, a note was adopted in 2002 GCM at Bangalore. With this, we entered into the fourth stage of council movement. This stage is characterized by rapid changes and restructuring of marketing systems by the employers as they did in other areas of their activities. The forth document was adopted in Shimla GCM, 2003 on "Categorical Division" based on the relation with the companies.

Through this long struggle & many sacrifices, we established the recognition of trade union for the Sales Promotion Employees in the industry. We have tried to build up bilateral relations, to give relief to the field workers. With this aim we also build up different committees to negotiate with the management for advancement of councils like, Grievance Committee, Negotiating Committee.

Although the period from 1972 we have passed through 4th (Fourth) stages in the 1st Phase of council movement but it will continue till councils are organized in majority of organized sector companies and the objectives will broaden with which it will enter into the second phase. During the period we have conducted various form of movements in defense of council movement like, Sectional Movement; OSG Movement etc. Presently, we are facing newer attacks and entered in a New Stage of council movement. This has been also elaborately discussed here.

Problems in advancement of Council movement

Geographically dispersed placement of company-wise field workers is the biggest problem in organizing them as trade union. The other problem is that their position in the industry is not strategic. They cannot paralyze company functioning through strike. How to overcome these two basic problems which essentially are required for a trade union?

Further, FMRAI's conference at Mumbai pointed out about opportunism and parasitism developed in the council movement. Uneven development of the State units and councils are also prevalent. Council members are not properly briefed about the achievements and advancements made based on rights and there is a severe lack of cadre-building.

Overcoming problems

Council concept became an integral part of field workers' general organization and movement through a complex organizational network, which is an unique experience in trade union movement.

Primary unit of a trade union is where a worker has the opportunity to participate in collective discussion and action on day-to-day basis through which his trade union training and consciousness develops. FMRAI's local unit is that trade union unit. Secondly, numerical strength of field workers through general unity, as supporting and building common integral movement, are required for building council movement.

Over the period of years, over-emphasis on gains i.e. mainly on charter of demands and grievances replaced the main objective of council movement i.e., fight for the rights - trade union, legal and bargaining rights. This trend must be checked through continuous education, participation of the members in the movement at the sub-units and pursuing the rights wherever they are being attacked or wherever they are lacking.

Remember, day to day trade union training of council members can be possible only at the sub-units. Council meetings cannot do this job. Without trade union participation, trade union consciousness cannot develop. Without trade union consciousness, councils cannot be protected. Further, individual issues must be part of collective movement. It cannot be dealt separately from the all India movement of councils. This weakness also must be removed.

Council movement is an all India movement and company wise council is an all India organisation within FMRAI. Two shortcomings were removed in the Mumbai conference of FMRAI, 2007. (a) Council's existence from meeting to meeting has been changed with permanent organisational concept and (b) AICC was changed to AIC i.e., from all India council conveners (AICC) meeting to all India council, having its leadership section as all India council committee. Accordingly, in the state, state council committee is a part of all India council. Councils are the company wise units of the state body. It was decided that agenda of state council should be on the basis of agenda of all India council and to be held after all India meeting.

Recognition of FMRAI through council movement & future Task

In 1976, 1st bargaining right established in Biological E, and through serious company wise struggles, we could achieve trade union, Collective bargaining and legal rights in many companies thereafter. FMRAI as a Trade Union got its recognition in different companies through the settlement of Charter of Demands directly (Dejure) by name or settlement with its authorized Negotiating Committee (Defacto) under section 18(i) of section 2(p) of I.D Act.1947.

Based on our experiences of the past and present onslaught to dismantle the council movement in the background of the neo-liberal policies adopted by the Central government, we have reoriented the movement to face the challenges and advance forward, since 2007. Fifth document on "Reorientation of council movement" was adopted in 2007.

The council movement took a new shape, in the backdrop of newer challenges. Now in absence of any statutory working rules for the sales promotion employees the identified 3 burning problems became the policy of almost every company, newer attack like working with electronic gazettes, e- reporting portal etc becoming tools for victimization.

Priority of improving the networking of council sub-committees and council committee functioning, from All India to State/sub-unit level has been taken up vigorously. We have to fight collectively in defense of our council movement which is affected greatly in the backdrop of anti worker policy of the Government.

We are dealing the areas of such reorientation in both council networking and council sub-committee networking, responsibilities of our All India council leadership and the grouping of councils given below for uniform understanding.

Council networking

1.Council Movement and Categorization of All India Councils

Council movement is an all India movement. On the basis of formation of councils in 8 states, spread over 3 Zones in all India operational companies all India councils are formed. After the structure is organized, majority of the companies' field workers must support common demands and must be involved in minimum agitational programmes and join in council movement irrespective of their designations and divisions, and achieve their minimum rights. Company wise council is an all India organisation within FMRAI and State councils are part of all India council. Councils were divided in groups based on specific background and realities. Each group has specific common issues and objectives and within each group, each council has different realities.

As of now, 46 councils are having different status based on achieving 5 cardinal points, present organisational position, trade union recognition and bilateral relation. We have made the groups presently as a) Recognized Companies- 7; b) Recognized (Partially/ legally) - 16; Bilateral Forum: 6; No Recognition or Forum: 17. This list will be changing time to time as per the development.

2. Role & responsibility of Councils & council leaders

Despite increasing attacks of the managements, a positive development is the increasing number of field workers getting

organized in councils and participating in different form of agitation including strikes. Councils being permanent organizational structures, having its executive committees, as council committees at different levels, have the organizational responsibility of membership; holding council meetings; attending to members' problems / grievances; conducting negotiation and maintaining bilateral relation; and mobilization for struggle; within the organizational frame work of FMRAI.

All India Council committee

Structure of all India Council Committee (AICC) should be reviewed to make it functional with 10 members, consisting of one all India Convener; one Joint All India convener and Zonal & Joint Zonal Conveners from all 4 Zones.

All India Council Committee (AICC) as the leadership of the company wise council shall be solely responsible, for regular AIC and AICC meetings, intervention on the issues and problems, expansion of council, council conference in all India and state, all India and state council funds and accounts, periodical council and council committee meetings in the state, visit by all India and zonal conveners in the state, submission of COD and agenda for Grievance Committee to the management; proper and timely information about the outcome and to ensure democratic and collective functioning. Improvements in all above areas are necessary for proper functioning of the councils as an organisation as per the direction of FMRAI.

All India council committee must ensure all India membership renewal in time through state units/councils and records are methodically maintained (Register) at the Centre. Mainly All India/ Jt. All India conveners should coordinate this.

All India conveners and joint A.I conveners should be available for all India work and should not be member of state council committee; but will attend meetings as higher committee members. Similarly, zonal and joint zonal conveners should be available to work in the zone and attend meetings, but should not become a member of the state council committee.

Basic Task

- Building/strengthening council network across the country shall be the primary responsibility of each All India Council Committee.
- Being a part of FMRAI's all India functionaries, All India and Joint All India Conveners should be mainly reporting to FMRAI's all India centre and should be available for FMRAI's all India work.
- Normally, meetings should take place of each All India Council once in a year; it's All India Council Committee once in six months;

- Organizationally weak metro cities and weak areas should be identified by each All India Council Committee and special programme and efforts should be made to expand/strengthen council within specified time in coordination with respective units of FMRAI.
- Review of organisation, bilateral relation on the basis of five cardinal points should be made in each All India Council (AIC) meeting, except the emergent meetings, and action should be taken. Such review and decisions, accordingly, should be reported down the council network through FMRAI.
- Council network shall remain constantly vigilant against parasitism, opportunism and localism; review from time to time and take corrective steps.
- Attendance in council meetings and movement, participation in the State/subunits council subcommittee programmes should be yardstick of a member's involvement in FMRAI's activities. For these, appropriate methods should be evolved for better coordination between respective state council committee and State/subunit council subcommittee by respective state, according to local conditions.
- With the help of all India council committees, state council committees should be made functional and effective and, accordingly should be reviewed in All India Council and its Committee meetings.
- Participation of organized company's fieldworkers in Council subcommittee programmes, general unity programmes company wise All India councils must take it as an agenda in their meetings, make proper assessment and monitor the developments.
- In case of an issue of a field worker, state council committee, subunit leadership and state unit should not be bypassed. There has to be proper coordination.

All India Council Funds

The council fund needs to be collected from members and to be maintained by AI councils, which should be placed in All India Meetings once in a year for approval and to be submitted to FMRAI. The all India Council must have Bank account in the name of the specific Council. The account should be operated by one/two from council & one from FMRAI (Outside of that council).

State council Committee

State Council is a part of all India council. State Council has its leadership section as State council committee, consisting of state convener and joint conveners, should be involved in all matters pertaining to the problem of the field workers of the council and must play leading role in the state council. State conveners should

attend the All India Council (AIC) meetings with the report of state councils.

- State Council meeting should be held after each All India Council meetings and may be as per the need; and State Council Committee meetings should be held at least once in three months.
- State council and all India councils are company wise units and state council committees and all India council committees are their leaders and, accordingly, they must function within the organisational framework of state and all India. They should be made responsible in organizing the meetings, preparing agenda, presenting report, follow up of membership, attend members' problems in coordination with subunit , state and FMRAI.
- Council committees should be formed with more induction of joint conveners on the basis of representing divisions and area for wider coverage.
- State council committees should examine every individual issue on merits, prepare notes and decisions will be taken by the recognized committee / council committee, in coordination with local, state units and FMRAI.
- Every member, whose individual issue is to be taken up, must submit letter on abiding by all organizational decisions.

Councils at Subunit

This is a new area of council organization. Merger of companies and divisionalisation led to companies having large number of field workers. When field workers of all categories and divisions become member, attendance may be poor in a state council meeting; it will be also difficult to hold such a meeting of big gathering. Hence Kota GCM decided to form subunit councils of such companies. Subunit Council committees will be having its convener and joint conveners and they will be the constituent of state council committee. Sub unit councils will function under State councils. As of now it was decided that Subunit councils to be formed in Abbott health Care, Alembic, Alkem, Intas, IPCA, Lupin, Macleods, Micro & Torrent

Therefore, Sub unit council of these companies has to be formed and functional.

- Sub unit Council meetings should be held after each state Council meeting.

Council Conferences

- FMRAI had decided that the All India Council Conference should be conducted in each All India Council once in 3 years, after FMRAI Conference in the same year, but it is not being held in all councils. Similarly, the State Council Conferences are held after the State Conferences of the respective state, either once

in 2 or 3 years, without any linkage to All India conference. We also observe that the elections of the All India Council Committees are also being held in AIC meetings, instead of the All India Conferences.

- To bring more democratization and uniformity of the council organization, FMRAI should hold All India Conferences of the companies once in every three years after every FMRAI Conferences in the same year. The framework of the A.I Conferences should be decided in respective council's AIC meeting.
- State Council conferences to be held before the All India Council Conference where the AICC report is discussed by the members and delegates are elected for All India Conference. State council committee will be elected in such conferences.
- The agenda of the All India Conference to be decided by the All India Council committees.
- In those companies where there is no All India structure, the State council conferences are to be held after the State Conference of the respective states.

In today's perspective, Council movement alone is insufficient to face the new challenges emerged out due to policy changes. Therefore, strengthening united forum of councils became the priority task of each and every council.

Council sub-committee networking

1. The Present Position of Council Movement & need of Council subcommittee:

FMRAI's most effective and popular movement "council movement" is under serious threat and attack. Contractions of the councils are taking place because of the creation of divisions, allurements and threats by the managements. Majority companies are sharply bringing the policy of restructuring and capsulizing the organized section of field workers within the company. This mechanism is being adopted to abolish trade union for complete labour flexibility.

Thus, Company wise Council movement became insufficient to protect the workers right and gains. Council independently cannot fight out these attacks. Hence, as decided, this situation has to be fought unitedly and therefore the movemental platform has been constituted, where uinitedly councils will fight against the group of companies and in the industry, also shall play the leading role in policy level movements too.

The Council Subcommittee is the movemental Platform of United forum of councils. Hence, Council Subcommittee which evolved out as the instrument of struggle against common policy attack of the industry. Our experience during the period is that, councils are

still remained confined within company specifics. They are unable to view beyond establishment.

2. Objectives of Council subcommittees networking

All India Council subcommittee will generate movements, to fight out the hurdles before the progression pathway of council movement, emerged out due to the policy adopted by the industry in consonance with the government's anti-worker policies and shall fight unitedly through its networking of all India councils (presently - 46) in all India, state and Sub Units. As councils remain at the core of council and related movements and all India organized councils are the constituents of this movemental platform. Therefore, Council networking can only strengthen the movemental platform in all India, state & sub unit.

Therefore, Council committees (All India, state and sub unit) have to take the ownership of this platform.

All India Council Subcommittee cannot function without its network of council subcommittees in states and subunits. Sub units are the main action area for implementation of all India decisions. Therefore, strengthening/forming the 'council subcommittee' uniformly throughout the country at all sub units is very important task.

Movemental Task: Mainly against attempts of de-unionization; against violation of existing laws which are in favour of the sales promotion employees; against making 'sales' as part of service conditions and imposing illegal newer work system (Newer attack) and work load in absence of statutory working rules.

3. Functional areas to Strengthen Council Subcommittee Network

- Coordination between council committees and council subcommittees is the urgent need to strengthen the platform as an integral part of the organization at all level.
- All India Council sub-committee constituted with all India 46 councils as of now, at all India level, consisting of all India and joint all India conveners; at state level with conveners and joint conveners and by all field workers of the 46 councils at sub units level , with a Core Committees at all levels to steer the movement.
- Core committees should have FMRAI's office bearers in all India, state office bearers in states and subunit office bearers in subunits who are leading movement in respective councils.

All India Council Subcommittee

- Decide group wise movemental approach in companies for movemental platform as per their common characteristic, based on facing challenges of the industry's common attack, crisis and effect of de-unionization policy.

- The All India Council Subcommittee must be functional with a Core Committee steering the movement. All India Council Subcommittee should meet twice in a year (once in six months) & its Core Committee must meet more frequently to establish proper networking.
- All India council committees of 46 companies will take initiative to implement the programmes uniformly across the country by involving their members with more integration and coordination with state/sub unit council subcommittee through their council networking.
- All India council committee must monitor the participation of their members in the sub unit level programmes through their council networking and review the same in each AIC meeting.
- All India council committee should send the implementation/ participation report of their members across the country in the company wise movement.
- As per all India plan, organizing the unorganized section field workers of organized sector companies; organised section should extend help in respective company.
- Decide movemental approach in group wise companies as per their characteristic.
- Fight together support each other to extend help in the movements of respective councils
- Lead movement against unfair marketing and trading; newer form of attack.
- New All India Councils should be formed and increase the strength of All India Council Subcommittee.
- All India Council Subcommittee should assess developments in each group of councils.

Core Committee of State Council Sub Committee

- Conduct at least one meeting every month in a fixed date (preferably 1st week of the month).
- Available All India conveners, Joint All India Conveners, Zonal & Joint zonal conveners of 46 companies to be intimated to attend these meetings for better coordination.
- Specific responsibility is to be distributed.
- Monthly Programme Focus is being sent from center regularly, meeting should have this as a permanent agenda apart from membership, formation of councils from New Initiative Group etc.
- Core committee to take responsibility of attending different sub unit meetings in a regular basis.
- Programme implementation and participation details to be sent to All India council sub-committee in month end.

State Council Subcommittee

- Conduct at least one meeting in alternative month.

- Conveners of 46 companies should submit programme implementation and participation of member's in details of their respective state councils apart from renewal and new membership position, a copy of which, to be sent to the AI councils.
- Monthly Programme Focus to be explained in details.
- Specific responsibility to the members for attending the sub unit meetings.
- Zonal & Joint Zonal convener needs to play their active role with more coordination in state & Zone as an all India council committee member and as a part of state council subcommittee.

Subunit Council Subcommittee

- Conduct at least one meeting in every month & two core committee meetings.
- Group to be formed to contact unorganized section of organized sector companies of 46 companies and new initiative group of companies to enroll their membership.
- Specific responsibility needs to be distributed amongst the members of 46 companies to implement the programmes in the sub unit every month as per the all India decisions.
- Participation of 46 company's (At Present) members in the programme and the implementation report in details to be furnished and send to the state council subcommittee.
- Council leadership of 46 companies, available in the respective sub units need to have more integrated functioning.

Task of Council Networking; All India council / State council, meetings to be conducted keeping the following agenda in priority.

- Activity report of all members in respective council subcommittee.
- Council related programme focus implementation report & assessment.
- Campaign against opportunism and parasitism at all level.
- All India council committee (AICC) should involve their members in their respective sub units through their council networking in coordination with respective state/ State council sub-committee.

In Council networking, grouping of companies is on the basis of commonality of organisational developments and demands
(a) Based on achieving of 5 cardinal points (b) Based on bilateral relation (c) Based on demands (d) Based on council organization.

But, in Council Sub Committee networking, this should be on the basis of Movemental Approach
Based on facing challenges of the industrial common attacks by the councils, crisis and de-unionization policy.

4. Group wise Movemental approach of Council Subcommittee

We have finalized the group wise movemental approach as below

Movement for Expansion & Advancement

In this group, some companies have started different divisions, majority field workers are either not organized in councils or management has categorized them by different nomenclature, to keep them outside the purview of union and thereby kept as non bargainable categories for a long time. Hence union is for minority section of organized field workers and majority are not having union and thus UNION as a whole got marginalized. As of now 7 companies are there who are out of this problem where FMRAI is recognized for all SPE's should take the lead role in strengthening the council subcommittee platforms in all states and subunit for the advancement of council movement of FMRAI in general.

Our objective is to expand the council and bargaining right for all. Planned time-bound efforts for expansion of councils in separate or same council and its recognition for the SPE's differently named, generally called as 'sales officers'/ in other divisions or recruited as franchisee employees/ Collective fight is to be generated for achievement of Right for all by bringing them under the coverage of charter of demands.

Movement in defense (of Trade Union) & for advancement

In this area we have identified three different characters of the companies. There are 9 companies where majority field workers are recruited in other categories due to the policy changes. Although in Astra, Wyeth, Abbott settlements are being signed but organization affected due to restructuring process, Union exists for minority due to legal obligations. Majority field workers recruited in non-bargainable category bypassing the law and to abolish the trade union & their rights. No recruitment in bargainable categories. Management is refusing the legal; trade union and collective bargaining rights of the field worker- Movement to protect and in defense of trade union.

There are 3 companies at present, where three basic rights of the field workers have not yet achieved, except the forum for discussion on grievance redressal. Franchise recruitment is another area needs to be addressed our attempt should be settlement of Charter of Demands- Movement for advancement.

And there are identified 16 companies as of now, where even after getting organized demanding the recognition and conducting council wise movements, management is adamantly refusing the legal; trade union and collective bargaining rights of the field workers. At least, forum for discussion as per law needs to be pursued - Movement for achieving Right.

Movement for Restoration

There are 3 companies as of today, where Movement is for regaining the trade union right and restoration of workers right. In this group, council movement destabilized and councils became nonexistence due to police changes, merger, acquisition, brand selling and Judiciary impasse. Field workers became victim of the situation especially in Elder. This situation needs to be challenged to have its logical conclusion, which will have a glaring consequential effect on workers and the industry. Movements should be generated from outside on violation law; Strong Legal persuasions and Demonstrations before the company's establishments to re-organize the council unity.

To develop newer councils (New Initiative companies) to strengthen the platform

As of now we are operating the united platform with 46 companies. As decided in GCM Hyderabad, 2018, we have selected a new revised set of 16 companies in this group to form councils in 8 states across the country spread over at least in three zones. This task of Council subcommittee has not been properly perceived or carried out by the members of the state council subcommittee in general. Thus it remained as a task of company specific field workers or the activists of the company. In absence of collective effort, further strengthening the platform could not yield much result.

Therefore, collectively we should try to mobilise the field workers of following councils to form all India Council. State wise focus initiative has to be taken for the formation of councils.

Fight against Parasitism and Opportunism

Bilateralism has an important component - 'fight against opportunism and parasitism within the organization,' - noted the Agenda of Action in 1998 and reaffirmed in 2010. In recent past also we have observed, during the struggle in some of the companies, distortion took place in council movement and opportunism developed, it is because of distancing from day to day union activities by the field workers even where bilateral relation exist. As a result, wide-spread opportunism was exhibited by desertion of organized section field workers due to allurements, threats, etc of the managements resulting in serious contraction of councils.

This phenomenon is predominantly observed in council movement. In council movement, opportunism developed, lead to serious contraction of councils; parasitic attachment by using union only for personal benefits, and sometimes taking sectarian line on individual and local issues dissociating from common collective movement for rights. Council movement must extricate itself from all trends of opportunism, parasitism and sectarianism. For advancement, objective defense of bilateralism and concentration

in new areas for expansion are essential for council movement. Council movement is a basic trade union movement on the basis of employer- employee relation based on the achievement of field workers' trade union, legal and collective bargaining rights. Such basic transformation of field workers movement on trade union line should not be clouded by narrow and shallow understanding being overwhelmed by subjectivism ignoring the objective realities.

5. Present Situation & Future Task

We have witnessed the pro-corporate neoliberal policies pursued by the government of India, are making all efforts to further liberalize the labour laws or to change the existing labour laws in favour of multinationals and corporate in the name of labour reforms. As a result, corporate are encouraged to have resistance free labour exploitation by demolishing the union & its achievement.

As newer attack on council movement has came into force and we have witnessed a new situation, whereby companies are attacking to snatch our all achieved legal rights taking the advantage of the policy changes of the Government. Existing recognitions are facing challenges in this situation. Attracting newer companies by extending cooperation is not enough in present scenario. We are observing, the attacks are organised by the employers with more aggression to break the laws, policies and principals of trade union for complete labour flexibility. Even managements are trying to demolish all understandings or agreements in favour of the workers, Managements are controlling the activities of Sales Promotion Employees through Electronic Gadgets, illegal tracking for adopting punitive measures, newer form of attacks emerged out. The attacks are more on policy matters, instead on mass scale trade union victimizations like earlier days.

Today, we have already entered in a New Stage of council movement, where organized section of field workers is facing the challenges of the Industrial attack. The attempt is to take away the established rights. So, there must be an organized resistance and our organized force must be in the forefront with the vibrant, active united platform of councils.

United Council movement can only counter this attempt of de-unionisation in this neo-liberal era.

Therefore, in this new stage of council movement we have no other alternative other than unitedly to combat the situation to retain our rights and to fight for the enforcement of laws, fight for new laws and rules for the workers with more power and control over the market. Future movements have to be both resistance and offensive. Let us "unite & Fight" in days ahead to advance our council and related movement.

UNITED STRUGGLE IS THE ONLY WAY